

**MARSHALL UNIVERSITY FORENSIC SCIENCE CENTER  
EXTERNAL GROUPS AND AGENCIES**

**REQUEST TO USE FORENSIC SCIENCE RESOURCES**

**NOTE:** Please provide a minimum of 6 weeks to obtain approval. Once approved, the group, organization, or agency may begin planning their event in cooperation with their MU Faculty Member's oversight.

**1. Who is your primary contact\* internal to MU Forensic Science Program?**

Fenger Staton Waugh

**\*Full-time Faculty Member Providing Event Oversight and Assistance**

**2. Person submitting this request and serving as point of contact for the requesting group:**

| AGENCY | Point-of-Contact<br>Who is submitting the request? | E-mail Address | Office Phone# | Mobile Phone# |
|--------|--|----------------|---------------|---------------|
|        |  |                |               |               |

**3. Does the MUFSC have a working MOU or other formal outreach agreement with your agency or group for such events? YES NO** If YES, please attach or state the source of this information.

**4. Date(s), Time, & Facility/Room Requested:**

| Date of Request | Time | Room(s) | Equipment | Other Needs for this event |
|-----------------|------|---------|-----------|----------------------------|
|                 |      |         |           |                            |
|                 |      |         |           |                            |
|                 |      |         |           |                            |

**5. Describe the Event:**

- Purpose of the Event:
- State who you believe will attend:
- State the expected # of participants:
- Are participants over 18 yrs of age?
- State online/website to the event:
- State any anticipated costs that will be incurred by the MUFSC:
  
- Do you need assistance with marketing your event or with news releases?

**\*Please provide a DRAFT announcement**

6. For any participant under 18 years of age, a “Hold Harmless Agreement” must be signed prior to the initiation of the event(s).

*Note: Hold Harmless Agreements must be signed by a parent or legal guardian for any participant who is under 18 years of age. This agreement must be received prior to the event and must be verified to match the participant sign-in sheet by the Point of Contact.*

7. Attendees List – Please provide the following information by the Conclusion of your event.

| Name | Job Title | Agency, Org, Firm | Address | Phone# | E-mail | Forensic, Legal, Law Enforcement Discipline |
|------|-----------|-------------------|---------|--------|--------|---|
|      |           |                   |         |        |        |   |
|      |           |                   |         |        |        |   |
|      |           |                   |         |        |        |   |
|      |           |                   |         |        |        |   |

8. Will additional security be required for this event?

9. Will this event have any “special needs” requirements?

10. May we place this event in the “News” section of our website?

<http://www.marshall.edu/forensics>

11. Other Comments or Information:

Please return this form to [staton1@marshall.edu](mailto:staton1@marshall.edu) 6-weeks prior to your event or earlier. Once approved, your event will be placed on the MUFSC Calendar to facilitate your room and facility reservation.

When making requests, complete this form to the best of your ability. Submit it to:

Dr. Pamela Staton  
Marshall University  
1401 Forensic Science Drive  
Huntington, WV 25701  
Or  
[staton1@marshall.edu](mailto:staton1@marshall.edu)

At the conclusion of the event, please submit the following:

1. Final Announcement with Meeting Agenda and Speaker List \_\_\_\_\_
2. Attendees List (SEE item #7 above) \_\_\_\_\_