

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

**REQUEST TO USE FORENSIC SCIENCE FACILITIES**

**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 Rankin

**\*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 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 on-line/website link 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) \_\_\_\_\_

<Proposal 7\_27\_2011ps>