

Classroom Request Form | SMU-in-Taos

Please email your completed form to smutaos@smu.edu.

Faculty Information

Name: _____ Term: _____

SMU ID#: _____

Cell Phone: _____ Email: _____

Classroom Information

1. A/V Classroom equipment requests (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Dry-erase board | <input type="checkbox"/> TV |
| <input type="checkbox"/> Chalk board | <input type="checkbox"/> DVD player |
| <input type="checkbox"/> Digital projector | <input type="checkbox"/> VHS player |
| <input type="checkbox"/> Speakers | <input type="checkbox"/> Apple Mini DisplayPort Adapter |
| <input type="checkbox"/> Laptop (Apple OS X or Windows) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Internet Access | |

Prior to arrival, email SMU-in-Taos IT Specialist, Richard Franks (taos_help@smu.edu) with all questions regarding A/V and Tech Support. Special classroom set-ups must be made Mon-Fri with 24 hr. advance notice.

2. List the make, model, and operating system of the laptop you will be using in the classroom.
(Example: MacBook Pro running OS X or Dell Inspiron running Windows 8/7/Vista)

Faculty Guest Form | SMU-in-Taos

Please email your completed form to smutaos@smu.edu.

Faculty Information

Name: _____ Term: _____

SMU ID#: _____

Cell Phone: _____ Email: _____

Mailing Address: _____

Detail any dietary restrictions and/or allergies: _____

Guest Information

Please provide the total number of people in your party? _____

Please provide the following information for all guests in your party.

Full name: _____

Full name: _____

Dates of stay: ____/____/____ to ____/____/____

Dates of stay: ____/____/____ to ____/____/____

Relationship: _____

Relationship: _____

Cell Phone: _____

Cell Phone: _____

Age (if under 18): _____

Age (if under 18): _____

Dietary restrictions: _____

Dietary restrictions: _____

Full name: _____

Full name: _____

Dates of stay: ____/____/____ to ____/____/____

Dates of stay: ____/____/____ to ____/____/____

Relationship: _____

Relationship: _____

Cell Phone: _____

Cell Phone: _____

Age (if under 18): _____

Age (if under 18): _____

Dietary restrictions: _____

Dietary restrictions: _____

VAN REQUEST FORM | SMU-in-Taos

Please email your completed form smutaos@smu.edu.
Van reservations are made on a first-come first-served basis with the information provided below.

Class Size:
Submitted:
/ /

Course Code & Name: _____

Faculty Name: _____

DATE (MM-DD)	RESERVATION TIME (HR. AM/PM)		CLASS TRIP DESTINATION
_____	Pick-up	Drop-off	_____
_____	Pick-up	Drop-off	_____
_____	Pick-up	Drop-off	_____
_____	Pick-up	Drop-off	_____
_____	Pick-up	Drop-off	_____
_____	Pick-up	Drop-off	_____
_____	Pick-up	Drop-off	_____
_____	Pick-up	Drop-off	_____
_____	Pick-up	Drop-off	_____

MVR Form | SMU-in-Taos

Please email your completed Motor Vehicle Report Form to smutaos@smu.edu.

MAKE SURE TO INCLUDE A COPY OF YOUR DRIVER'S LICENSE

**LETTER OF AUTHORIZATION
MOTOR VEHICLE REPORT
MUST BE SIGNED BY SMU EMPLOYEE AND/OR STUDENT**

Southern Methodist University
OFFICE OF RISK MANAGEMENT
Dawson Service Center Suite 170
3030 Dyer Court P.O. Box 750231
Dallas, TX 75275

Attention:

To the Authorized Representative of Southern Methodist University:

I am aware that consumer and motor vehicle reports may be obtained as part of Southern Methodist University's evaluation of my job application, employment, and/or qualification to drive and operate a University owned, courtesy, leased or rental vehicle in the process of performing duties outlined in my job and/or employment description. The reports may be procured by Southern Methodist University, and may include personal information obtained from state motor vehicle departments, and my driving record.

By signing this letter, I hereby provide my authorization for Southern Methodist University to procure such information and reports, as an assessment of my insurability for the SMU fleet safety program to evaluate my ability to operate a motor vehicle as part of my employment.

☐ *FACULTY* ☐ *STAFF* ☐ *STUDENT*

(Please check appropriate box)

Signature Applicant/Employee

Date

Name as It Appears on Driver License *(Print Legibly)*

Driver License Number/State of Issuance

Date of Birth

Department or Organization

Supervisor or Staff Designee

Date