Faculty Information

Name: ____________________________ Term: ________________

SMU ID#: _______________________

Cell Phone: ____________________ Email: ____________________

Classroom Information

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

- [ ] Dry-erase board  - [ ] TV
- [ ] Chalk board  - [ ] DVD player
- [ ] Digital projector  - [ ] VHS player
- [ ] Speakers  - [ ] Apple Mini DisplayPort Adapter
- [ ] Laptop (Apple OS X or Windows)  - [ ] Other _______________________
- [ ] 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)

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

Dates of stay: ___/___/___ to ___/___/___

Relationship: ________________________________

Cell Phone: ________________________________

Age (if under 18): ______

Dietary restrictions: ________________________________

__________________________

Full name: ________________________________

Dates of stay: ___/___/___ to ___/___/___

Relationship: ________________________________

Cell Phone: ________________________________

Age (if under 18): ______

Dietary restrictions: ________________________________

__________________________

Full name: ________________________________

Dates of stay: ___/___/___ to ___/___/___

Relationship: ________________________________

Cell Phone: ________________________________

Age (if under 18): ______

Dietary restrictions: ________________________________

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

Course Code & Name: __________________________

Faculty Name: ________________________________

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<tr>
<th>DATE (MM-DD)</th>
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6580 Highway 518 ● Ranchos de Taos, NM 87557 ● 575-758-8322 ● smutaos@smu.edu
Please email your completed Motor Vehicle Report Form to smutaos@smu.edu.

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

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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.

Signature Applicant/Employee

Date

(Please check appropriate box)

□ Faculty □ Staff □ Student

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

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