



## **Driver Education Guest Speaker Request**

Sectio	on 1- Guest Speaker Information		
1.	Guest Speaker Name:		
2.	Official Title:		
3.	Credentials/Certificates:		
4.	Speaker's Topic:		
5.	What module/section/chapter of the course is the speaker presenting for?		
6.	Time Allotted: From(time) to(time)		
	Date Guest Speaker will present:		
8.	Which Class? (Class days & times):		
9.	Is the guest Speaker a permanent change to the course?:  \_Yes \_No		
	If yes, how often and when will the Speaker present (Describe schedule):		
Sectio	on 2-Driver Education School Information		
1.	School Name:		
2.	School Physical Address: (Street Address, City, State, Zip Code):		
3.	Name of School Owner/Operator (responsible for compliance with state law):		
4.	Will this speaker be at any of your extension site locations? Yes		
	*(If so please list extension site locations) *		

Section 3 - Please state the guest speaker relevance to your driver education program below.				
Additional Comments				
Section 4 – Signature and Da		information given in this application and		
all accompanying documents is tru				
Applicant's signature		Date		
Please note that TSD requires an make a copy of this application for	•	ng. Copies will not be accepted. Please ginal.		
TSC Review by				
Licensing Specialist		_ Date		
Approved $\square$	Denied □	Date		
Please submit this form to:  Attn: Driver's Education Specialist University of New Mexico Traffic Safety Center MSC07 4030, 1 University of New Mexico Albuquerque, NM 87131-0001				
Or by Email:	ΓSCdriverprograms@unn	<u>ı.edu</u>		

If you have any questions, please call UNM Transportation Safety Center at:

(505) 546-9876