



**New Mexico Corrections Department  
Media Inmate Request Form  
(Internal use only)**



- Date: \_\_\_\_\_
- Name of Reporter: \_\_\_\_\_
- Organization Representing: \_\_\_\_\_
- Name and NMCD number of Inmate to be interviewed: \_\_\_\_\_

• Facility where inmate is housed:

- |  |   |
|--|---|
| <input type="checkbox"/> Penitentiary of New Mexico                | <input type="checkbox"/> Otero County Prison Facility               |
| <input type="checkbox"/> Central New Mexico Correctional Facility  | <input type="checkbox"/> Guadalupe County Correctional Facility     |
| <input type="checkbox"/> Western New Mexico Correctional Facility  | <input type="checkbox"/> Lea County Correctional Facility           |
| <input type="checkbox"/> Southern New Mexico Correctional Facility | <input type="checkbox"/> Northeastern New Mexico Detention Facility |
| <input type="checkbox"/> Roswell Correctional Center               | <input type="checkbox"/> New Mexico Women's Correctional Facility   |
| <input type="checkbox"/> Springer Correctional Center              |   |

- Date and length of proposed interview:
- Equipment to be brought in to a facility for interview:

- Video Camera and recording accessories
- Still Camera and accessories
- Audio Recorder and accessories
- Other—please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a letter explaining to the inmate what the purpose of the interview will be, length and subject matter. The attachment will be presented to the inmate.**

By signing this document I consent to have a background/NCIC check performed by the New Mexico Corrections Department.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

