



**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: Video Camera and recording accessories
- Equipment to be brought in to a facility for interview: 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

