

APPLICANT'S RIGHT OF ACCESS
AND
EVALUATOR CONTACT INFORMATION FORM

NEW MEXICO LEND INTERDISCIPLINARY LEADERSHIP TRAINING PROGRAM

Applicant Name:		E-mail:	
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PLEASE RETURN THIS COMPLETED FORM TO:

The University of New Mexico
Center for Development and Disability
NM LEND Program
2300 Menaul NE
Albuquerque, NM 87107
Fax: (505) 272-2014
E-mail: HSC-NM-LEND@salud.unm.edu

The NM LEND program requires **two Recommendation Forms** completed by faculty members in your department or other relevant persons. Please submit contact information for two evaluators to whom we may send Recommendation Forms.

1ST EVALUATOR CONTACT INFORMATION			
Name:		Title:	
E-mail:		Institution/Department:	
2ND EVALUATOR CONTACT INFORMATION			
Name:		Title:	
E-mail:		Institution/Department:	

The evaluator's response is not subject to inspection by the applicant. Applicants who are admitted to the NM LEND Interdisciplinary Leadership Training Program at the University of New Mexico will have access to recommendation forms unless the applicant waives that right below. Please check **RETAIN** or **WAIVE**.

APPLICANT'S RIGHT OF ACCESS			
First Name:		Last Name:	
I <input type="checkbox"/> RETAIN or <input type="checkbox"/> WAIVE my right of access to evaluators' recommendation forms.			
Applicant Signature: <i>(Typed name indicates signature)</i>		Date:	