



Central New Mexico Community College

POLITICAL ACTIVITY NOTIFICATION FORM

(please print)

_____ . representing _____ /
candidate, organization, issues, etc.
 has notified the CNM Public Information Office of intent to visit _____
room/building
 at _____ Campus on _____
campus date(s)
 during the hours of _____ .

PIO Representative _____
name signature date

POLITICAL ACTIVITY

Name(s) of visitor(s) _____

Political office/issue _____

Purpose of visit _____

CNM sponsor's name and phone number (if applicable)

Date(s)/time(s) of visit(s) _____

Course title (if applicable) _____

Location of activity _____

List any special needs: _____

Please submit samples of any materials to be distributed (optional).

XC to: Visitor
 VP for Administrative Services
 Security