



**Cooperative Extension Service Extension Food Technology**

Department of Extension Home Economics,  
College of Agricultural Consumer and Environmental Sciences  
P.O. Box 30003, MSC 3AE  
Ship To: 940 College Drive, Gerald Thomas Hall Room 312  
Las Cruces, NM 88003-8003  
Tel: 575-646-1179 Fax: 575-646-1889 Email: [naflores@nmsu.edu](mailto:naflores@nmsu.edu)

**Nutrition panel database service request**

**1. Please complete this form. Print a copy for yourself. Email/Post mail to submit.**

Company name \_\_\_\_\_ Contact person \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_ e-mail \_\_\_\_\_  
Physical address \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Information can be sent (*check one*): via email? \_\_\_\_\_ Post mail? \_\_\_\_\_ Date submitted \_\_\_\_\_  
Date needed\* \_\_\_\_\_ Date NMSU EFT received \_\_\_\_\_ Date Completed \_\_\_\_\_  
Service requesting: **English Panel \$75** \_\_\_ **English/Spanish panel \$100** \_\_\_ **Other** \_\_\_\_\_  
Total cost of service (s) \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ *Add invoice amount per product*

*\* Please allow 10-14 days after complete file is submitted. Please note that we can only accept cash or check, no credit cards.*

**2. Confidentiality Agreement**

We will hold materials that you provided us as confidential if they are noted as such. However, if a court requires us to furnish this information through a subpoena or a court order, we do so without liability to the regents of New Mexico State University Cooperative Extension Service or their employees, staff or faculty.

This agreement shall not apply to any information which is (i) in the public domain, (ii) previously known to us or (iii) furnished to the signatory by a third party having the bona fide right to do so.

**I have read and understand this letter and accept this confidentiality agreement.**

**Authorized company representative (print):** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Accepted By: NMSU Cooperative Extension Service- Food Technology**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Nancy C. Flores, Ph.D.; NMSU Extension Food Technology Specialist**

**3. SEND information by email, FAX, private shipper or US Post mail to:**

- ✓ Send completed forms,
- ✓ payment made out to "NMSU Extension Food Technology" to:  
**Nancy C. Flores, Ph.D. Extension Food Technology Specialist**  
**New Mexico State University Gerald Thomas Hall Rm 312**  
**940 College St. Las Cruces, NM 88003**  
**PH: 575-646-1179 FAX: 575-646-1889**



Company name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Optional sheet for any additional information)*