

Applicant Name: _____

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential for research. Please comment on both the applicant's weak and strong points. Use additional pages if necessary.

Name: _____ Title: _____
Address: _____ Phone: _____
Email: _____ Fax: _____

For E-mail submitted reference form:

I hereby certify that that the above information is correct to the best of my knowledge and contains no false or fraudulent representations, statements, or entries.

For reference form sent by mail or fax:

Signature Date

Mail to:
Plum Island Animal Disease Center
PO Box 848
Greenport, NY 11944-0848
Attn: PIADC Research Participation Program

Fax to:
(631) 323-3006
E-Mail to:
piadc@orau.org