

MAINE DEPARTMENT OF CORRECTIONS

PRISONER OR RESIDENT CONSENT FOR NEWS MEDIA ACCESS

_____ has requested to access: _____
Name of Media Name of Prisoner or Resident

for the following purpose(s) _____

to be published or broadcast: _____
When Where

If you (prisoner or resident) have any questions, please contact: _____
Name of Staff

I understand the following:

I understand that my participation is voluntary and is contingent upon the approval of the Chief Administrative Officer, the Commissioner's Office, and of my parent/guardian (if the prisoner or resident is a minor or an adult with a guardian).

I further understand that I may terminate the access at any time for any reason. I understand that the publication, broadcasting, or other disclosure of identifying information of a prisoner or resident who is a minor or an adult with a guardian is strictly prohibited at all times and that a prisoner or resident who is 18 or over and who does not have a guardian must specifically authorize the publication or broadcast of identifying information.

I voluntarily agree to be interviewed/audio or video recorded/photographed (cross out any words that do not apply) for the above purpose(s). A prisoner or resident who is 18 or over and has no guardian may authorize identifying information to be included in the publication or broadcast by initialing below.

_____ I am 18 or over and have no guardian and authorize my identifying information to
Initial Here be included in any publication or broadcast.

I voluntarily agree to news media access for the above purpose(s) only.

_____ Prisoner or Resident Signature Date

If the prisoner or resident is a minor or an adult with a guardian:

To the parent or guardian:

If you consent to news media access to the prisoner or resident under the terms and conditions above, please indicate by signing below and returning the consent to: _____

_____ Name of Parent or Guardian Date

Received by: _____
Name of Staff Date