MAINE DEPARTMENT OF CORRECTIONS STAFF CONSENT FOR NEWS MEDIA ACCESS

l,	, on behalf of	
Media Representative		Name of Media
am requesting access to		
an requesting access to	Name of Sta	aff
For the following purpose(s):		
to be published or broadcast :		
	When	Where
Name of Staff		Telephone Number
I voluntarily agree to be interviewed/a	audio/video recorde	d/photographed (cross out any words that do
not apply) for the above purpose(s).		
I ☐ wish ☐ do not wish to be acc	companied by the C	hief Administrative Officer, or designee.
0. ((0)		
Staff Signature		Date