

MAINE DEPARTMENT OF CORRECTIONS
STAFF CONSENT FOR NEWS MEDIA OR DOCUMENTARY FILMMAKER ACCESS

I, _____, on behalf of _____
Media or Documentary Representative Name of Media or Filmmaker/Company

Address _____

Email Address Phone Number

am requesting access to _____
Name of Staff

for the following purpose(s): _____

to be published broadcasted or distributed : _____
When Where

Your participation is voluntary, and you may terminate access at any time for any reason. If you have any questions, please contact: _____

I voluntarily agree to be interviewed/audio/video recorded/photographed (cross out any words that do not apply) for the above purpose(s).

I ☐ wish ☐ do not wish to be accompanied by the Chief Administrative Officer, or designee.

Staff Signature Date