

# 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