

**MAINE DEPARTMENT OF CORRECTIONS**  
**RESIDENT CONSENT FOR MEDIA ACCESS**

\_\_\_\_\_ has requested access to: \_\_\_\_\_  
*Name of Media, to include Documentary Filmmaker, if applicable* *Name of Resident*

for the following purpose(s) \_\_\_\_\_

to be published or broadcast: \_\_\_\_\_  
*When* *Where*

If you (resident) have any questions, before signing this form, please contact: \_\_\_\_\_  
*Name of Staff*

I understand that my participation is voluntary and is contingent upon the approval of the Chief Administrative Officer and the Commissioner, or their designees. If I am a minor or an adult with a guardian, it is also contingent upon the approval of my parent/guardian.

I also understand that I may not discuss the specifics of my crime or reveal identifying information about my victim, if applicable.

I further understand that I may terminate access at any time for any reason. I understand that the publication, broadcasting, or other disclosure of identifying information of a resident who is a minor or an adult with a guardian is strictly prohibited at all times and that a 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 recorded, video recorded, photographed (cross out any words that do not apply). A 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.

If applicable, I am 18 or over and have no guardian and authorize my identifying information to be included in any publication or broadcast. Initial Here: \_\_\_\_\_

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

\_\_\_\_\_  
Resident Signature \_\_\_\_\_ Date

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

If you consent to media access to the resident as set out above, please indicate by signing below and returning the consent to: \_\_\_\_\_  
Name of Staff

\_\_\_\_\_  
Parent/Guardian Name (where applicable) (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date

Received by: \_\_\_\_\_  
Name of Staff \_\_\_\_\_ Date