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 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.

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