

MAINE DEPARTMENT OF CORRECTIONS

REQUEST FOR NEWS MEDIA ACCESS TO PRISONER OR RESIDENT

I, _____, on behalf of _____
Media Representative Name of Media

Address

Email Address

Phone Number

am requesting access to _____
Name of Prisoner or Resident

For the following purpose(s): _____

to be published or broadcast: _____
When Where

I understand that the prisoner's or resident's participation is voluntary and is contingent upon the approval of the Chief Administrative Officer, the Commissioner's Office, and of the prisoner's or resident's parent or guardian (if the prisoner or resident is a minor or an adult with a guardian). I understand that access, if granted, is subject to certain conditions, which if violated will result in termination of access by facility staff. I further understand that the prisoner or resident may terminate the access at any time for any reason. I also understand that the publication, broadcasting, or any other disclosure of identifying information of a prisoner or resident who is a minor or an adult with a guardian is strictly prohibited at all times and that a prisoner or resident who is 18 or over and who does not have a guardian must specifically authorize the publication or broadcast of identifying information.

If you have any questions, please contact the Commissioner's office at (207-287-2711).

Signature of News Media Representative

Date