MAINE DEPARTMENT OF CORRECTIONS

PRISONER OR RESIDENT CONSENT FOR NEWS MEDIA ACCESS

_______________________________ has requested to access: _____________________________

Name of Media                  Name of Prisoner or Resident

for the following purpose(s)____________________________________________________________

to be published or broadcast:  _________________________      _____________________________

When                               Where

If you (prisoner or resident) have any questions, please contact:  ____________________________________________

Name of Staff

I understand the following:

I understand that my participation is voluntary and is contingent upon the approval of the Chief
Administrative Officer, the Commissioner’s Office, and of my parent/guardian (if the prisoner or resident
is a minor or an adult with a guardian).

I further understand that I may terminate the access at any time for any reason. I understand that
the publication, broadcasting, or 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.

I voluntarily agree to be interviewed/audio or video recorded/photographed (cross out any words
that do not apply) for the above purpose(s).  A prisoner or 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
Initial Here       be included in any publication or broadcast.

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

________________________________________________                       ______________________

Prisoner or Resident Signature                                           Date

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

To the parent or guardian:
If you consent to news media access to the prisoner or resident under the terms and conditions above,
please indicate by signing below and returning the consent to:  ____________________________________________

________________________________________________                       ______________________

Name of Parent or Guardian                  Date

Received by: _____________________________________                        ______________________

Name of Staff                                                   Date

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DOC Form                                                        1.23 – D – B – 2/29/16R