



Media Consent Agreement

Facility

**Inmate/Probationer/
Parolee Name:**

DOC Number:

Date:

Pursuant to Operating Procedure 022.2, *Inmate and CCAP Probationer/Parolee Access to the News Media*

Check all that apply

- I agree to being photographed.
- I agree to be video recorded.
- I agree to be interviewed by telephone.
- I agree to be interviewed off camera.
- I agree to be interviewed on camera.

Subject to the conditions checked, I hereby consent to the above actions by:

_____ *Name(s)*

representing

on

_____ *Date*

Inmate/Probationer/Parolee:

_____ **Printed Name**

_____ **Signature**

_____ **Date**

Original: Facility File

Copy: Inmate/Probationer/Parolee

