



## 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

