

Media Access REQUEST Form

The purpose of this form is to seek access to a DOC program (e.g., culinary, dog training, barber, etc.). Complete this form and submit it to the Public Information Officer at the facility that operates the program.

Program participants may be made available for an interview at the discretion of facility leadership; however, requests to interview a specific inmate will not be accommodated. Individuals interested in communicating with a specific inmate should write to that person and ask to be added to their phone and/or visitor list.¹

Type of Access Required (Please check all that apply):

Interview Photography Videotaping/Filming Audio Recording

What type of entity are you (Please check appropriate box):

Media (including news and social) Non-News Media

List State Prison Facility: _____

ORGANIZATION INFORMATION

Name of Requestor:

Date:

Organization Name:

Phone Number:

Fax Number:

Email:

Mailing Address:

GENERAL INFORMATION

For what program/special facility operation are you requesting access?

List date(s) and how much time would you require access:

¹ 5-ACI-3D-06

Please list additional individuals on your crew who require access. *(Please provide detailed information about exactly who will be doing the photography, videotaping, filming, and/or audio recording [include company name and names of all individuals involved]):*

What type of equipment will you use that you are seeking permission to bring into the prison? *(Please list every piece of equipment needed.)*

Will you require access to inmates involved in this program, and if so, why?

Please note that at no time does the DOC allow inmate faces and/or identifying scars, marks, or tattoos, etc., be filmed or photographed. Also, at no time shall the requestor use the inmate's last name in the final product. By signing this form, you acknowledge that you understand these rules and will abide by them.

Signature of requestor: _____

Date of request: _____