Media Access to Offenders Consent

Offender Name: Click or tap here to enter text. Offender #: Click or tap here to enter text.

Institution Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Name of Media Rep. Requesting Contact: Click or tap here to enter text.

Name of Media Organization Requesting Contact: Click or tap here to enter text.

Reason for Contact Request: Click or tap here to enter text.

**Type Of Contact Requested:** (Check all that apply.)

**In-Person**: Photograph: [ ]  Video Record: [ ]  Voice Record: [ ]

**Distance**: Telephonic: [ ]  Written: [ ]  Voice Record: [ ]

**Other**: [ ]  Click or tap here to enter text.

**Per 22 AAC 05.525, as the above detailed media contact may result in your identity being evident or disclosed as a result of the interview, the Alaska Department of Corrections is asking for your consent to the above media contact.**

**Information gathered during the above media contact may be published or broadcast by the media representative or organization identified above.**

**Please Indicate Your Consent Below:** (Check one box only.)

I **DO** consent to above media contact: [ ]

I **DO NOT** consent to the above media contact: [ ]

Offender’s Signature: Date:

Offender’s Printed Name:

**For Alaska Department of Corrections:**

Employee Signature: Date:

Employee Printed Name: Job Title: