

SOLANO COUNTY SHERIFF-CORONER'S OFFICE
Custody Division

INMATE CONSENT FOR INTERVIEW WITH MEDIA

INMATE'S NAME: _____ DATE: _____

Name of news media representative: (print) _____

Employed by: _____ Address: _____

I, the above named inmate, do hereby give permission to the above named news media representative to interview me on (date) _____ and I authorized the news media represented by this person to use any information gathered about me during this interview for any legitimate purpose. I further authorize the Division Commander to release my documents or information relating to the allegations or comments made by me in this interview.

Inmate's signature: _____

Witness: _____ Title: _____

PHOTOGRAPH AND/OR RECORDING

I, the above named inmate, do hereby give permission to the above named news media representative to make recordings of my voice during this interview and to take photographs of me (still, movie or video) and I authorize the use of such pictures or recording by the news media representative for any legitimate purpose.

Inmate signature: _____

Witness: _____ Title: _____

REFUSE INTERVIEW

I, the above named inmate, refuse to be interviewed.

Inmate's signature: _____

Witness: _____ Title: _____

Cc: Inmate booking file
Media Representative
Division Commander
Original, Facility file