



Inmate Consent to Interview

Connecticut Department of Correction

CN 1501
REV 1/31/09

I, _____
Inmate name
Inmate number

- consent to be interviewed and/or photographed
- do not consent to be interviewed and/or photographed

by _____
name of interviewer or photographer

of _____
name of news outlet

on _____
date

I understand that the statement(s) and photograph(s) obtained during this interview or photographic opportunity may be used in publications or audio or video presentations produced by the Department of Correction or in publications or broadcasts prepared by other organizations.

I agree to receive no consideration for consenting to be interviewed or to be photographed.

I understand that the Department of Correction has no control of the use of my statement(s) and/or photographs in publications or broadcasts prepared by other organizations.

On behalf of myself and my heirs and assigns, I release the State of Connecticut and the Department of Correction from any and all claims that may otherwise accrue to me as the result of the publication of my statement(s) obtained during this interview or from the publication or broadcasts of my photograph(s) obtained during the photographic opportunity.

It shall be the inmate's responsibility to notify their attorney.

Inmate signature:	Date:
Witness name:	Title:
Witness signature:	Date: