

SOLANO COUNTY SHERIFF'S DEPARTMENT  
CUSTODY DIVISION

INMATE CONSENT FOR INTERVIEW WITH MEDIA

INMATE'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of news media representative: \_\_\_\_\_  
(print name)

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 authorize 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 any  
documents or information relating to 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's signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_

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REFUSE INTERVIEW

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

Inmate's signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_

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