

ARIZONA DEPARTMENT OF CORRECTIONS

This Authorization is valid for one time use only. Further requests require new authorization.

Audio/Visual Release

Interviewee Name <i>(Please Print)</i>	Title	
Location	ZIP Code	Telephone ()
Interviewer's Name <i>(Last, First M.I.)</i>	Title	
Location	ZIP Code	Work Telephone ()
Name of Project		

I, the above named Interviewee, do hereby freely give permission to the above named Interviewer to interview and/or photograph and/or videotape/auto tape record me. I authorize the same representative to use any information gathered about me during this interview for any legitimate purpose. I further authorize the Arizona Department of Corrections to release to representatives of the news media any portions of these recordings.

Interviewee's Signature	Date
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I, _____, do hereby state that I am primarily employed in the business of gathering or reporting information for the _____, and may be reached at _____. I agree to collect information only from the primary source above. *(Telephone Number)*

I agree to provide no compensation to the Interviewee or his or her family for any interviews, photographs, videotape, voice recordings, correspondence or use thereof.

Interviewer's Signature	Date
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Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Department. Requests should be made as early as possible to allow time to arrange the accommodation.

This document available in alternate formats upon request.