VERMONT DEPARTMENT OF CORRECTIONS
MEDIA RELEASE FORM

Inmate’s Name: _________________________________ DOB: ________________________

Media Organization: ___________________________________________________________

I, the above named individual, freely give permission to the above named media
organization to publish my name and information. I grant these permissions freely and
voluntarily and further agree to hold the Department of Corrections harmless from any
and all actions that may arise as a result of this media representation. I further
acknowledge that my consent to such use of this information is done without monetary
advantage.

I understand that the Department of Corrections and the media organization retains the
discretion whether to use this information or not.

Inmate Signature: _________________________________ Date Signed: ____________

Witness Signature: _________________________________ Date Signed: ____________