



Inmate Consent to Interview

Connecticut Department of Correction

CN 1501
REV 12/16/22

I,		
	Inmate name	Inmate number
<input type="checkbox"/> consent to be interviewed and/or videotaped/photographed		
<input type="checkbox"/> consent to be interviewed but NOT videotaped/photographed		
<input type="checkbox"/> do not consent to be interviewed and/or videotaped/photographed		
by		
	name of interviewer or photographer	
of		
	name of news outlet	
on		
	date	
By signing the CN 1501, Inmate Consent to Interview, I agree to the following conditions:		
<ol style="list-style-type: none"> 1. 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. 2. I agree to receive no consideration for consenting to be interviewed or to be photographed. 3. 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. 4. 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. 5. It shall be the inmate's responsibility to notify their attorney of the proposed interview. 		
NOTE: If this has been sent to you by a reporter requesting an interview, you shall complete and give this documentation to your unit counselor so that it may be forwarded to the Public Information Office. Failure to do so shall result in the inability to conduct the requested interview		
Inmate signature:		Date:
Witness name:		Title:
Witness signature:		Date: