Florida Department of Corrections
Media Access Background Form

Media Outlet: _____

Name: _____ _____ _____
Last First Middle

Date of Birth: _____ Social Security #: _____

Gender: _____ Race: _____

Passport # (Foreign journalist): _____

Driver's License # and State: _____

E-mail Address: _____

Name of Institution/Facility Visiting: _____

Name of Inmate/Program Visiting: _____

Proposed Date of Visit: _____

Equipment List: _____

_____

_____

_____

_____

Equipment Purpose: _____

_____

_____

_____

_____

_____

By submitting this form, I affirm that I have read and agree to follow all Florida Department of Corrections Media Policies (www.dc.state.fl.us/orginfo/media/policies.html), and to allow the Florida Department of Corrections to conduct a background screen before I am permitted access to a Correctional Institution or any other Department facility. I acknowledge that, in accordance with section 119.071(5)(a)2., Fla. Stat., my social security number is being collected for the performance of the Department's duties and responsibilities as prescribed by law, namely the regulation of persons entering Departmental facilities. I further acknowledge that the Department will not use my social security number for any purpose other than to conduct a background screen. I understand that I may not photograph/record any part of the facility other than the interview room. Doing so will result in the cancellation of the interview.

Signature: _____ Date: _____

Complete this form and return to:

_____
Name of Communications Office Contact

Florida Department of Corrections
Office of Communications
(850) 488-6200 fax
publicaffairs@mail.dc.state.fl.us

For questions or more information call the Office of Communications at (850) 488-0420.