## Florida Department of Corrections Media Access Background Form

Media Outlet:			
Name:			
Last	First		Middle
Date of Birth:		Social Security #:	
Gender:		Race:	
Passport # (Foreign journa			
Driver's License # and Sta	ate:		
E-mail Address:			
Name of Institution/Facili	ty Visiting:		
Name of Inmate/Program	Visiting:		
Proposed Date of Visit:			
T			
Equipment Purpose:			
Corrections Media Policie Department of Correction Correctional Institution or 119.071(5)(a)2., Fla. Stat. Department's duties and red Departmental facilities. In number for any purpose	es (www.dc.state.fl.us/ns to conduct a bac any other Department, my social security responsibilities as presc further acknowledge other than to conduct to of the facility other	orginfo/media/policie kground screen bef facility. I acknowled number is being coll ribed by law, namely that the Department a background screen	follow all Florida Department of es.html), and to allow the Florida Fore I am permitted access to a ge that, in accordance with section lected for the performance of the the regulation of persons entering t will not use my social security en. I understand that I may not from. Doing so will result in the
Signature:		Date:	
Complete this form and ref	turn to:		
	~		_
	Communications Office Cont		
Office	a Department of Correct of Communications 488-6200 fax	ctions	

publicaffairs@mail.dc.state.fl.us

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