Florida Department of Corrections Media Access Background Form

Media Outlet:			
Name:			
Last	First		Middle
Date of Birth:		Social Security #:	
Gender:		Deser	
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 Purpose:			

By submitting this form, I affirm that I have read and agree to follow all Florida Department of Corrections <u>Media Policies</u> (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.

DC1-406 (Effective 12/12)

Incorporated by Reference in Rule 33-104.101, F. A. C.