

**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:** \_\_\_\_\_