

Audiovisual Production Proposal- Photo/Video/Audio Release Form  
(BOP Employee, Contractor, Volunteer or Inmate) <sup>CDFRM</sup>

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Project Title: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Register number (if applicable): \_\_\_\_\_

Facility: \_\_\_\_\_

I, \_\_\_\_\_, do freely give the Federal Bureau of Prisons

(and/or contractors working on behalf of the Bureau of Prisons), permission to take photographs and/or make video or audio recordings of me. I authorize the Bureau of Prisons to use these photos/recordings, edited as the producer deems appropriate, now and in the future, for any legitimate Bureau of Prisons purpose and/or to any agency constituency group. I understand that there is no

Agreed to and signed by me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Witness signature: (staff) \_\_\_\_\_

Witness name: (print) \_\_\_\_\_

**Note: copies of signed forms are to be kept in the inmate's Central File (or in the case of an employee, in the employee's Official Personnel Folder), in the producer's files, and in the BOP archives.**

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**Project Title:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

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

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photographs and/or make video or audio recordings of me. I authorize the Bureau of  
Prisons to use these photos/recordings, edited as the producer deems appropriate, now and in the future, for any  
legitimate Bureau of Prisons purpose and/or to any agency constituency group. I understand that there is no  
compensation for my participation.

If the person appearing in the video is under the age of 18, I certify that I am his or her parent or legal guardian and  
give my consent without reservation to the foregoing on his or her behalf.

Agreed to and signed by me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_  
Individual or Parent/Legal Guardian

Witness signature: (staff) \_\_\_\_\_

Witness name: (print) \_\_\_\_\_