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

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

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Project Title: ________________________________________________________________

Name (please print): ________________________________________________________

Address: _________________________________________________________________ City:

State: ___________________________ ZIP Code: ______________

Telephone: ____________________________

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(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
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: __________________________
Individually or Parent/Legal Guardian

Witness signature: (staff) ______________________________________________________

Witness name: (print) ________________________________________________________