

Attachment 2

**Spartanburg County Detention Facility
Offender Consent to Contact with News Media**

Date: _____

Offender's Name: _____

Name of news media representative: _____

Name of media represented: _____

Address of media organization: _____

I, the above-named offender, do hereby freely give permission to the above-named news media representative to interview me on or about (date) _____, and I do hereby authorize the news media represented by this person to use any information gathered about me during this interview for any legitimate purpose.

I further authorize the Jail Director to release to representative of the news media any documents or information relating to allegations or comments made by me in this in this interview for any legitimate purpose.

Offender's Signature: _____

Witness Signature: _____ Title: _____

I, the above-named offender, refuse permission to the above-named news media representative to interview me.

Offender's Signature: _____

Witness Signature: _____ Title: _____

Original to offender's file
Copies to media representative