

Media & Press Interview Consent Form

Interviewee Information

Full Name:

Organization/Title:

Contact Email:

Phone Number:

Date:

Media Outlet / Interviewer Information

Media Outlet:

Interviewer Name:

Consent

☐ I consent to having my interview recorded (audio, video, photograph, or written) by the above Media Outlet / Interviewer.

☐ I authorize the use of my name, likeness, and statements for publication, broadcast, and/or distribution in media and press materials.

☐ I understand that I will not receive compensation for participation or for use of any interview materials.

Additional Notes or Restrictions:

Interviewee Signature:

Date:

Interviewer Signature: _____

Date:
