



**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE**

**NEWS AGENCY RELEASE FORM**

**AGENCY GUIDELINES**

**THE DEPARTMENT OF JUVENILE JUSTICE WILL ALLOW THE NEWS MEDIA ACCESS TO JUVENILE JUSTICE PROGRAMS, ENSURING THAT THE CONFIDENTIALITY RIGHTS OF ALL JUVENILES ARE PROTECTED, THE INTERGRITY AND SECURITY OF PROGRAMS ARE NOT COMPROMISED, AND THE SAFETY OF VISITORS, JUVENILE OFFENDERS AND STAFF ARE NOT ENDANGERED.**

**PRIOR TO VISITING ANY DEPARTMENT OF JUVENILE JUSTICE PROGRAM OR FACILITY, THE NEWS MEDIA MUST:**

- 1. OBTAIN PERMISSION FROM THE COMMUNICATIONS OFFICE IN TALLAHASSEE.**
- 2. TO ENSURE REQUESTS ARE FULLY ADDRESSED, THE REQUEST SHOULD BE IN WRITING WITH THE QUESTIONS OR INFORMATION SOUGHT, TELEPHONE AND FAX NUMBERS, E-MAIL ADDRESS AND NAME OF THE NEWS MEDIA CONTACT PERSON.**
- 3. READ THE ATTACHED GUIDELINES; SIGN THIS RELEASE FORM AND SUBMIT THE FORM TO COMMUNICATIONS OFFICE, DJJ CPO/ CIRCUIT MANAGER OR DJJ REGIONAL DIRECTOR.**

**NAME OF NEWS MEDIA OUTLET:** \_\_\_\_\_

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

**REPORTER/CONTACT:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**I HAVE READ AND AGREE TO ABIDE BY THE DEPARTMENT OF JUVENILE JUSTICE'S GUIDELINES AND THE STATE OF FLORIDA STATUTES ENSURING THE CONFIDENTIAL OF JUVENILES IN THE CUSTODY OF THE DEPARTMENT OF JUVENILE JUSTICE. I FURTHER AGREE TO FOLLOW ANY AND ALL DIRECTIONS FROM THE DEPARTMENT'S STAFF TO ENSURE THE SAFETY OF VISITORS, JUVENILE OFFENDERS AND STAFF.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESSED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_