

**Oklahoma Department of Corrections
Request to Broadcast Content Form**

Today's date: _____

Target Audience (check one): Inmates only Staff only Inmates and Staff

Please specify if broadcast is for a specific facility: _____

Duration broadcast to run: _____

Time of day content to be broadcast: _____

APPROVAL TO BROADCAST

(Must be signed by an executive staff member or their designee.)

I have confirmed the information submitted meets the general standards and guidelines specified in OP-020109 for the broadcast indicated above.

Name of Executive Staff or Designee (Please print) Signature/Date

Please submit information to be broadcast and this form to the Communications and Government Relations office.

FOR USE BY COMMUNICATIONS AND GOVERNMENT RELATIONS

APPROVED

DENIED

Chief Administrator or Designee

Signature/Date