

# **MEDIA REQUEST FORM**

Marine Corps Air Ground Combat Center

**Date/ Time:**

**Deadline** (please provide date and time):

**Reporter Name:**

**Organization:**

**Description/audience of publication:**

**Work Phone #:**

**Cell Phone:**

**Email:**

**Subject:**

**Background:**

**Questions:**

**If media personnel are approved to enter the base and visit training areas for coverage of events, the following 'Range Deviation Info' must be submitted to the Public Affairs Office.**

## **Range Deviation info**

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Next of Kin Phone number: \_\_\_\_\_