

Permissions

The American Prison Writing Archive (APWA)

c/o Hamilton College: 198 College Hill Road; Clinton, NY 13323-1218

Legal Name (please print clearly) _____

Identification Number (for incarcerated writers) _____ Date of Birth _____

Address (current and/or most reliable; will not be included in the APWA): _____

Type of crime of which you were convicted. Drugs Property Violent Other (please clarify)
(This information **will not** be posted on the APWA website.) _____

Signature (granting permission to include your work in the American Prison Writing Archive): _____

_____ Date Today _____

Questionnaire

Answers are voluntary. All information provided below this point will be publicly available in connection with your essay(s). Leave blank any information you do not want included in the APWA.

(Optional) Pen Name _____

(Name under which you want your essay to appear, if different than above.) This is not a place for nicknames. Use a pen name if you feel this is necessary to protect your safety, and do not include your legal name or prison ID number on the essay itself.

Year of Birth _____

Gender check one: Female Male Trans

and/or other information: _____

Sexual Orientation check one: Bisexual Heterosexual
 Homosexual Other

and/or other information: _____

Do you have children? Yes No

Are you a veteran? Yes No

Race/Ethnicity check one or more: African American Asian American
 Latina/o / Hispanic Pacific Islander
 Native American White (non-Hispanic)

and/or other information: _____

Religious Identification check one: Buddhist Christian
 Hindu Islamic
 Jewish Native

and/or other information: None

Relationship to Prison check one: CO Incarcerated
 Staff Teacher
 Volunteer Formerly incarcerated
 Other (please clarify)

Work you perform inside: _____

Do you have relatives who are, or have been, incarcerated? Yes No

Do you have relatives who are, or have been, in prison employment? Yes No

Facility Type check one: Federal Facility Public Security Level check one:
 State Facility Private (for-profit) Minimum
 Jail Facility Supermax Death Row

Full name of Facility where you reside or are employed (include City and State) _____

Age at current conviction or start of prison employment _____

Is this your first incarceration? Yes No N/A