

Permissions

The American Prison Writing Archive (APWA)
Johns Hopkins University; 3400 N. Charles St.; Baltimore, MD 21218

These fields will not be included in the display on the publicly accessible APWA web-based platform except Legal Name if a Pen Name or anonymity selection is not provided in the Questionnaire Section below.

Legal Name (please print clearly): _____

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

Address (current and/or most reliable): _____

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

Date Today: _____

APWA may share my writing on APWA promotional materials (including newsletters circulated in prisons)

How did you hear about us?: _____

All answers below are voluntary. Any information provided in this section will be publicly available in connection with your essay(s). APWA is a web (internet) based platform. Your essay(s) and any information you choose to provide will be viewable by millions across the world and easily searchable by anyone with internet access, including prison staff. If you do not want an answer to be shown on the internet, leave it blank.

Questionnaire

Pen Name: _____ I wish to remain anonymous

If anonymity is not selected and Pen Name is left blank, APWA will display your Legal Name alongside your essay(s)

Year of Birth: _____

Gender check one: Female Male Trans

and/or other information: _____

Sexual Orientation Bisexual Heterosexual

check one: Homosexual Other

and/or other information: _____

Do you have children? Yes No

Are you a veteran? Yes No

Relationship to Prison check one:

Incarcerated Formerly incarcerated Volunteer

Staff Teacher CO

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/have been employed in prisons?

Yes No

Race/Ethnicity check one or more:

African American Asian American Pacific Islander

Latina/o/Hispanic Native American White

and/or other information: _____

Religious Identification check one:

Buddhist Christian Hindu

Muslim Native Jewish

None

and/or other information: _____

Facility Type check one for each row:

row 1 Federal Facility State Facility Jail Facility

row 2 Public Private (for-profit)

Security Level check one:

Minimum Medium Maximum

Supermax Death Row

Full name of Facility where you reside or are employed:

(include City and State) _____

Age at start of current conviction or prison employment _____

Is this your first incarceration? Yes No