

PRISON LIBRARY PROJECT REQUEST FORM

The Prison Library Project sends books, free of charge, to prisoners throughout the country. We cannot guarantee that we will be able to send a book as individual facility restrictions vary. We can only send books to state and federal prisons, we cannot send books to city or county jails. PLEASE NOTE: We are unable to send books to city or county jails.

First Name: _____ Last Name _____

ID Number: _____

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

BOOK CATEGORIES

Please select a book category as we cannot fill requests for specific book titles. The majority of the books we send have been donated. We do not send true crime. Additionally, we do not send law books or related materials. Please note that some categories are extremely difficult to fill - choose all genres that might be of interest so we can find a match.

- | | |
|--|--|
| <input type="checkbox"/> Action/Adventure | <input type="checkbox"/> Arts & Photography |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Biographies/Memoirs |
| <input type="checkbox"/> Thriller/Suspense | <input type="checkbox"/> Business/Economics |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Computers/Technology |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Cooking/Food |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Health & Fitness |
| <input type="checkbox"/> Short Stories | <input type="checkbox"/> LGBTQ+ Books |
| <input type="checkbox"/> Romance | <input type="checkbox"/> Politics/Social Science |
| <input type="checkbox"/> Manga/Graphic Novels & Comics | <input type="checkbox"/> History |
| <input type="checkbox"/> Poetry | <input type="checkbox"/> Humor/Entertainment |
| <input type="checkbox"/> Westerns | <input type="checkbox"/> Parenting/Relationships |
| <input type="checkbox"/> Horror/Paranormal | <input type="checkbox"/> Science/Math |
| <input type="checkbox"/> Literary Fiction/Contemporary Fiction | <input type="checkbox"/> Self-help/Wellness |
| | <input type="checkbox"/> Test Preparation |
| | <input type="checkbox"/> Trade Skills |
| | <input type="checkbox"/> Addiction/Recovery |
| | <input type="checkbox"/> Religion (please specify below) |
| | <input type="checkbox"/> _____ |

Let us know if you have any additional or restrictions on the back of this sheet.