



NATIONAL ARCHIVES
Researcher Registration Application
Registration Application Type:

* --None--

(All fields are required.) Please type the requested information below in English:

* FirstName First Name...		* LastName Last Name...	
Home (Permanent) Address: <i>If you have foreign permanent address, please list it with Province as applicable</i>		Local Address: <i>If permanent address is outside the DC, MD or VA area.</i>	
* Street Address Street Address		Street Address	
* City City		City	
* State State/Province	* Zip Zip	* Country Country	State State Zip Zip
CellPhone Cell Phone	HomePhone Home Phone	WorkPhone Work Phone	* Email Address

* I've Completed Orientation

We are asking you for some information in order to issue you a researcher card. A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. The control number for this information collection is 3095-0016. The expiration date is MM-DD-YYYY.

Submit

Research Room Rules

How Your Information is Used

Paperwork Reduction Act Public Burden Statement