



**NATIONAL ARCHIVES**  
**Researcher Registration Application**  
**Registration Application Type:**

\* --None--

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

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

\*  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**