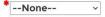


NATIONAL ARCHIVES

Researcher Registration Application Registration Application Type:



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

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

I've Completed Orientation

Submit

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.

Research Room Rules

How Your Information is Used

Paperwork Reduction Act Public Burden Statement