

RESEARCHER APPLICATION

APPLICANT'S NAME (Last, First, Middle Initial. Please indicate Mr. or Ms.)		TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal
PERMANENT ADDRESS (Street, City, State, Zip Code, Country)		PERMANENT TELEPHONE NO.
		PERMANENT FAX NO.
EMAIL ADDRESS	LOCAL ADDRESS (Street, City, State, Zip Code)	LOCAL TELEPHONE NO.
CELL PHONE		

This information, although not required for obtaining an identification card, would aid our staff in assisting your research.	
TYPE OF RESEARCHER <input type="checkbox"/> Genealogist <input type="checkbox"/> Scholar/Academic <input type="checkbox"/> Journalist/Media <input type="checkbox"/> Student <input type="checkbox"/> Other: _____	DESCRIPTION OF PROPOSED RESEARCH (Identify topic specifically, e.g., date span, research area, full name of biographical subject, etc.) _____
EXPECTED RESULT OF RESEARCH <input type="checkbox"/> Family History <input type="checkbox"/> Senior or Masters Thesis <input type="checkbox"/> Article <input type="checkbox"/> Film/TV <input type="checkbox"/> Course Paper <input type="checkbox"/> Ph.D Dissertation <input type="checkbox"/> Book <input type="checkbox"/> Other (specify) _____	
TENTATIVE TITLE	NAME OF INSTRUCTOR, THESIS OR DISSERTATION DIRECTOR/ADVISOR
OCCUPATION	NAME AND ADDRESS OF EMPLOYER OR INSTITUTION

Check here if you do not want to be on a mailing list to receive information on NARA events, programs, publications, and invitations to join and contribute to NARA-associated foundations.

See the back of this form for the Privacy Act Notice that applies to the information you are providing.

I have read 36 CFR Part 1254 (Regulations for the public use of records in the National Archives and Records Administration) and I will comply with those regulations.

APPLICANT'S SIGNATURE	DATE
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IDENTIFICATION (example: driver's license, student ID, passport, company ID, etc.)	COMMENTS
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SIGNATURE AND TITLE OF APPROVING OFFICIAL	DATE	CARD NO.
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