

Researcher Registration Form

[Please Print]

Name: _____

Identification number: _____ DL ID Passport
[Attach copy of picture ID]

Institutional Affiliation: _____

Permanent Address: _____

City: _____ State: _____ Country: _____

Main Tel: _____ Secondary Tel: _____

Fax: _____ Email: _____

Research Project summary: _____

Publication Plans (publisher, type of publications and date): _____

article book thesis dissertation

course project conference paper other [please explain]

The NCAF Archives may reveal my name and the subject of my research in its publications and to other researchers working or planning to work on related topics. Please indicate “yes” or “no” and initial:

yes _____ no _____

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Other Special Requirements: _____

How did you learn about the NCAF Archives? _____

Contacted NCAF Archives through:

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I hereby certify that the information above is accurate. I have read and understand the Guidelines for using and handling Archival material of the NCAF Archives and, by my signature below, agree to abide them. I understand that in the event I do not adhere to these rules and policies, my privileges as a scholar may be revoked.

Signed: _____ Date: _____

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