

# 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: \_\_\_\_\_

As of April 19, 2021 Company Policy requires proof of vaccination for SARS-CoV-2 (Covid-19). Attach scan/copy of CDC Covid-19 Vaccination Record Card.

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 \_\_\_\_\_

Duplication Requests (The NCAF Archives will not provide copies of any material in which the copyright is solely owned by a third party):

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Other Special Requirements:\_\_\_\_\_

How did you learn about the NCAF Archives?\_\_\_\_\_

Contacted NCAF Archives through:

Visit  Letter  Phone Call  Fax  Email  Other [please indicate]

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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