

Researcher Registration Form

Name: _____ **Date:** _____

Picture ID Card Type, State Control Number: _____

Institutional Affiliation: _____

NPS Status: _____

Work Address: _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Home Address: _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Contacted Park Through: _____

Research Project Summary: _____

Publication Plans (Publisher, Type of publication, and date): _____

Researcher Duplication Form Numbers: _____

Other Special Requirements: _____

Collections Used (Name and box number; Use reverse if necessary):