



Smithsonian National Museum of American History
 Archives Center
 Researcher Registration Form

Name: (Please Print in Block Form) _____

Institutional Affiliation or SI Office _____

Street: _____

City: _____ State _____ Zip _____ Country _____

Phone: _____ Fax: _____ Email: _____

Driver's License or Passport Verified by Archives Staff: Yes No Type of ID: _____

Check one:

- | | | |
|--|---|---|
| <input type="checkbox"/> SI Staff | <input type="checkbox"/> University Faculty | <input type="checkbox"/> High School Student |
| <input type="checkbox"/> SI Fellow | <input type="checkbox"/> Graduate student | <input type="checkbox"/> Independent Researcher |
| <input type="checkbox"/> SI Intern/Volunteer | <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Museum staff/not SI | <input type="checkbox"/> Teacher | |

*** Interns/Volunteers -- NMAH supervisor: _____

Research Subjects. Check all that apply:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Consumer Culture/Advertising | <input type="checkbox"/> Invention & Innovation | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Ethnicity/Race | <input type="checkbox"/> Material Culture | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Music | |

I am working on:

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic paper/
Dissertation | <input type="checkbox"/> Book | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Article | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Personal research |
| <input type="checkbox"/> AV/Media/Web | <input type="checkbox"/> Legal research | <input type="checkbox"/> Image request |
| | <input type="checkbox"/> Object Identification | <input type="checkbox"/> Other: _____ |

Your signature below is your warranty that you have read the Archives Center Use Guidelines on the back of this form and agree to abide by them.

 (Researcher Signature) Date _____

 (For the Archives Center) Date _____

Archives Center Use Guidelines

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