

Pennsylvania State Archives Research Registration Form

You need to complete this form only for your first visit. You may complete it in advance and bring it with you—simply complete the form on the screen and print it out, or print it out as a blank form and complete it by hand (please print!). **Required fields** are marked with *. Thank you!

*Last: _____ *First: _____ MI: _____

*Street Address: _____ PA County _____

*City: _____ *St: _____ *Zip: _____ *Phone: (____) ____ - ____

*E-Mail: _____ *Driver's License or ID #: _____

Age Group: ___ <20 (A) ___ 20-29 (B) ___ 30-39 (C) ___ 40-49 (D) ___ 50-59 (E) ___ 60+ (F)

* May we share your contact information with the PA Heritage Foundation, the non-profit that supports our work? ___ Yes ___ No

How would you describe your profession or occupation?

___ Historian (A) ___ Educator (B) ___ Lawyer (D) ___ Professional Genealogist (H)
___ Writer (N) ___ Surveyor (O) ___ Government (F) ___ Historic Preservationist (G)
___ Librarian (L) ___ Family Historian (P) ___ Retired (I) ___ Other: _____ (J)

Student (C): ___ High School ___ Undergrad ___ Grad ___ PhD School: _____

Institutional/Organizational Affiliation: _____

How would you describe your research interest?

___ Genealogy (A) ___ History (B) ___ Legal (C) ___ Personal (H)
___ PHMC (D) ___ State (E) ___ Federal (G) ___ County/Municipal (F)
___ Hobby (I) ___ Education (J) ___ Business (K) ___ Media/Journalist
___ Other (L): _____

We can provide better service if we know something about your research topic:

Description of topic: _____

County/Geographic area of interest: _____

Surname(s) of interest: _____

How did you learn about the Pennsylvania State Archives?

___ Archives publication (A) ___ Other publication (B) ___ Citation/footnote (C)
___ Other Archives visitors (E) ___ PHMC speaker/program (F) ___ Mail/phone contact with Archives (D)
___ State Library (I) ___ Media publicity (G) ___ Local historical/genealogical society (J)
___ Website (K): _____ ___ Blog: _____ Other: _____

I have read the *Research Room Rules* and the *Archives User Agreement*, and I agree to abide by them. I understand that violation of these Rules can result in the revocation of my research privileges.

Signature _____ Date _____