

# Pennsylvania State Archives Researcher Registration Form

You need to complete this form only for your first visit. **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 Procedures* and agree to abide by them. I understand that violation of these procedures can result in the revocation of my research privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_