# Researcher Registration/Request

**Special Collections of the National Agricultural Library**

## Please Print

**Date** _____

**Last Name** _____ **First Name** _____ **M.I.** _____

**Street Address** _____ **City** _____ **State** _____

**Zip Code** _____ **Country (Non-U.S.)** _____

**Home Phone** _____ **Business Phone** _____ **Ext.** _____

**Fax** _____ **E-mail** _____

**Identification: check most applicable**

☐ **Student**
☐ **Faculty**
**Educational Affiliation** _____

☐ **USDA** ☐ **USDA Retired** ☐ **NAL Staff** ☐ **Research Assistant -- Affiliation** _____

☐ **Other (please specify)** _____

**Subject of Research/Request**

_____

_____

_____

_____

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_____ _____

**Signature** **Date**

In the event that it appears to the Special Collections staff that your research parallels that of another researcher, do you wish to have your name, address, and research topic released to the other researcher? _____ (yes) _____ (no)

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☐ **NAL Reference** ☐ **NARA** ☐ **National Arboretum** ☐ **Other:** _____

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**Staff Initials:**_____ **Date Completed:**_____

revised 8/22/2011