



## Facial Identification Success Story Submission Form

Your name \_\_\_\_\_

Your email \_\_\_\_\_

Your phone number \_\_\_\_\_

Your employer \_\_\_\_\_

Your job title \_\_\_\_\_

Your signature \_\_\_\_\_

Is the case pending trial?  Yes  No

Offense(s) involved: \_\_\_\_\_

Year(s) the offense(s) occurred: \_\_\_\_\_

Please attach scanned copies of pages showing complete Internet URLs related to the success story.

Please answer the following questions ***only if you are submitting more than just URLs:***

Was your agency the primary agency responsible for the investigation or did your agency just provide expert facial identification support?

My agency provided expert facial identification support

My agency was the primary investigative agency for the case

Do you have permission from your agency's Public Affairs Office and/or senior officer (chief, sheriff, director, etc.) to publicly share the submitted success story information?  Yes  No

Please submit a scanned copy of this completed form along with success story details and (when possible) related photos to [chair@fiswg.org](mailto:chair@fiswg.org)