## **Facial Recognition Request Form**

## Directions:

2.) Fax completed form to the MVRS-Fac	cial Recognition Team @ 857-368-0645.	
Date: 2-19-2016 C	ase#	
Requesting Agency: DEA		•
Requestors Name: Jaron	SaTherland.	•
the state of the s	Fax#:	
Official E-Mail Address: jason. d.	sutherland @ usdoj. 901	/
		i p
Probe Information:		Sá
License#	SS#	-
Last Name:	First Name:	_
Notes:		8
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		-
Contact the Facial Recognition Team @ 857 license(s) revocation, flagging, and activity he	old placement on record(s).	
For MVRS-Facial Recognition Team I	Use Only:	
Date of search:	Preformed by:	_
Record FlaggedRecord Re	leasedFR Notes added	54