

# Facial Recognition Request Form

### Directions:

- 1.) Fill out all information as completely as possible.
- 2.) Fax completed form to the MVRs-Facial Recognition Team @ 857-368-0645.

Date: 5/11/17 Case# [REDACTED]

Requesting Agency: HSI

Requestors Name: Erin Delan

ID# 4181JS Phone#: [REDACTED] Fax#: \_\_\_\_\_

Official E-Mail Address: Erin.Delan@ice.dhs.gov

### Probe Information:

License# [REDACTED] SS# [REDACTED]

Last Name: [REDACTED] First Name: [REDACTED]

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Contact the Facial Recognition Team @ 857-368-8605 upon completion of case for license(s) revocation, flagging, and activity hold placement on record(s).

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### Facial Recognition Team Use Only:

Date of search: \_\_\_\_\_ Performed by: \_\_\_\_\_

FR # Requests: \_\_\_\_\_ Matches: \_\_\_\_\_

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