



Facial Recognition Request Form

Directions:

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

Date: 7-11-17 Case #: [REDACTED]

Requesting Agency: US CIS - Fraud Detection and National Security

Requestors Name: Ronda Archer

ID #: 4650 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: ronda.s.archer@uscis.dhs.gov

Probe Information:

License #: [REDACTED] SS #: [REDACTED]

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

Notes: I am investigating a possible imposter. My subject uses the name [REDACTED] no SSN. I would like to see if my subject is a match to the photo of [REDACTED]

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

For MVRs-Facial Recognition Team Use Only:

Date of search: _____ Performed by: _____

- Record Flagged
- Record Released
- FR Notes added