



AMERICAN ACADEMY OF FORENSIC SCIENCES PROFESSIONAL AFFILIATE REFERENCE FORM

MAIL TO:

American Academy of Forensic Sciences
410 North 21st Street
Colorado Springs, CO 80904

EMAIL TO:

reference@aafs.org

MEMBERSHIP QUESTIONS:

membership@aafs.org
Phone: (719) 636-1100
Toll-free: 1-800-701-AAFS

References must be **received by** October 1.

PLEASE TYPE OR NEATLY PRINT ALL INFORMATION.

PART I. To be Completed by the Applicant

Applicant's Name _____ Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Please feel free to contact AAFS to verify that the designated reference is eligible to complete this form. Please refer to the Professional Affiliate Policy and Procedures criteria.

PART II. To be Completed by Reference and Returned to AAFS by October 1.

A. KNOWLEDGE OF APPLICANT

Please describe your knowledge of the applicant to include: length of time known to you; working relationship; type of forensic work applicant performs; training in forensic science. Status shall be available to those persons of professional competence, integrity, and good moral character who are actively engaged in a supportive role in the field of forensic science; or are in pursuit of such a role.

B. RECOMMENDATION

Do you recommend that the applicant be approved? Yes No (If no, please explain.)

Does your recommendation require any qualifications? Yes No (If yes, please explain.)

C. COMMENTS

Please use the space below for any other comments you wish to make concerning the applicant.

Please complete the information requested below, sign, and return this form directly to AAFS by October 1.

Print Name _____ Email _____

Title/Position _____ Employer _____

Are you the academic advisor, or immediate supervisor? Yes No

Business Address _____

City _____ State/Province _____ Postal Code _____

AAFS Member? Yes No Status _____ Section _____

Recommender's Signature _____

Date _____