

AMERICAN ACADEMY OF FORENSIC SCIENCES

APPLICANT REFERENCE FORM

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

EMAIL TO:
reference@aaafs.org

MEMBERSHIP QUESTIONS:
membership@aaafs.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 _____

To which section are you applying? _____ For which status? _____

** Please feel free to contact AAFS to verify that the designated reference is eligible to complete this form.*

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; percentage of time devoted to forensic work; training in forensic science.

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 _____ Telephone _____

Title/Position _____ Employer _____

Are you the academic advisor or immediate supervisor? Yes No (*Student/Trainee Only*)

Business Address _____

City _____ State/Province _____ Postal Code _____

AAFS Member? Yes No Status _____ Section _____

Recommender's Signature _____

Date _____