



*This form should be filled out by the applicant's supervisor or agency head and MUST be signed by the agency head (Virginia State Police applicants may have their Division Commander sign).*

Applicant Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Part I. Briefly state why you request that the above applicant attend the Forensic Science Academy. Please comment on the benefits the agency hopes to receive from this training, as well as the qualifications and character of your applicant.

[illegible]

Part II. Please provide answers to the following questions to assist us in assessing the application.

Is this applicant currently in a promotional or transfer process that would result in a change of assignment and thereby greatly reduce their utilization of this training?

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How many Forensic Science Academy graduates are currently employed by your agency?

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Of those graduates, how many are still assigned to positions that require them to process crime scenes?

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Does your agency currently have any other personnel who have pending applications with the Forensic Science Academy?

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If you answered "yes" to the previous question use the space below to list the names of your other applicants in your preferred order of acceptance, or if any are no longer viable candidates due to promotion, reassignment, etc.

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**Note: Final assessment of applicant qualifications and order of acceptance will be determined by the selection committee.**

*All travel expenses, to include lodging, are the responsibility of the student or their sponsoring agency. The Department of Forensic Science's Training Section Staff will work with you in making arrangements to reduce lodging costs.*

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Agency Head - Print Name

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Agency Head Signature

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(Date)

Please return to:

Department of Forensic  
Science Attn: Shantae Green  
700 N. 5th Street  
Richmond, VA 23219

OR

Fax: (804) 786-6985  
E-Mail: [shantae.green@dfs.virginia.gov](mailto:shantae.green@dfs.virginia.gov)