

Screening Questionnaire

Notice

OMB Control No. 0693-0043
Expiration Date XX-XX-XXX

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Contact Information

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In order to send materials, including the survey and images, and to communicate to maintain privacy and appropriate precautions, we need the following contact information.

Validation: %s format expected

1) What is your email address?

2) What is your phone number?

3) What is your fax number?

4) What is your postal address? This will be used to send your accuracy score to you, if requested. You do not have to provide this now and may wait until you request your score to provide this information.

Screening Questions

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5) Do you have any training in any forensic domain?

- Yes
- No

6) Have you ever performed comparisons in any forensic domain?

- Yes
- No

7) Do you perform forensic facial comparisons as part of your current job or as part of a former job?

- Yes
- No

8) Do you perform forensic fingerprint comparisons as part of your current job or as part of a former job?

- Yes
- No

9) Have you attended facial forensics meetings, such as Facial Identification Scientific Working Group (FISWG), the Organization of Scientific Area Committees (OSAC) subcommittee on facial identification, or the European Network of Forensic Sciences Institutes (ENFSI)?

- Yes
- No

10) Have you served as a program manager for facial recognition effort?

Yes

No

11) Do you perform facial recognition research? This could be work on algorithms, automated systems, or human processing capabilities.

Yes

No

12) Do you address policy regarding facial recognition?

Yes

No

Thank You!

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Thank you for taking our survey. Your response is very important to us.
