



School of Forensic Sciences
1111 West 17th Street
Tulsa, OK 74107-1898
918-561-1145 FAX 918-561-5729

Name of Supervisor
Title
Agency or Company
Phone

Applicant: Please fill in all information on this page, including program choice and application deadline, and the applicant section on reverse side.

Address City/Town State/Province Postal Code COUNTRY

Business Phone / / Home Phone / /
Country Code Area Code Phone Number Country Code Area Code Phone Number

Re: Request for Verification of Forensics-Related Employment for Applicant to

- M.S.F.S. Option in Arson and Explosives Investigation
M.S.F.S. Option in Forensic Document Examination (FDE)
M.S.F.S. Option in Forensic Science Administration

Applicant's First Name Middle Name Last Name

Applicant's Job Title (with this organization)

Dear Employer:

The individual named above has applied to the School of Forensic Sciences. Admission requires at least one year of professional experience related to the forensic sciences. Please respond to the questions to assist us in assessing eligibility. Send the completed form to:

Dr. Robert Allen, Director
School of Forensic Sciences
OSU Center for Health Sciences
1111 W. 17th Street
Tulsa, OK 74107-1898 USA
OR forensic@okstate.edu (scan copy sent by employer)

Thanks so much for your help. Please attach a business card and return the verification by the following date:

- March 1; July 1; October 1

Robert Allen, Ph.D. - Director
School of Forensic Sciences

Verification of Forensics-Related Employment

To be completed by applicant

Name of Applicant _____

Home Address _____

City, State, Zip _____

Work Phone (____) _____ Home Phone (____) _____
Area Code Number Area Code Number

To be completed by the Supervisor or Human Resources Representative:

Is this individual currently employed by your company/agency? YES NO

What are the beginning and ending dates of employment?

_____, _____, _____ to current date OR _____, _____, _____
Month Day Year Month Day Year

Describe the applicant's job responsibilities:

If no longer employed, is this person eligible for reemployment by the organization? YES NO

Signature of person completing the Verification Date

Printed name of person completing the Verification

Title and company or agency name

Please attach your business card or a letter on official agency/firm stationery to this form.

Send this form directly to:

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School of Forensic Sciences
OSU Center for Health Sciences
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