



## **FACES 4.0 Police Sketch Artist Certificate Application**

**Date:**

**(1) Student's Name**

**(2) Student's School**

**(3) Students Email address**

**(4) Teacher's Name**

**I certify the above student has completed (40) hours of classroom instruction on the use of FACES 4.0 EDU, in accordance with the requirements set forth in the FACES 4.0 classroom lesson plan and passed the required test for its issuance.**

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**Teacher's Signature**