



CONSENT FOR POLYGRAPH TESTING

Date: _____ DOB: _____

I, _____, agree to take the polygraph examination

Regarding _____.

- 1) I understand that I cannot be forced to take the polygraph examination.
- 2) I take the polygraph examination out of my own free will.
- 3) I understand that I can stop taking the examination at any time.
- 4) I understand that the examination results will be available after 48 hours to the requester.
- 5) I understand that the polygraph examination will be audio & video recorded.

SIGNATURE OF EXAMINEE

SIGNATURE OF EXAMINER

POST EXAM STATEMENT

I, _____, hereby state that I was informed of all examination questions before the exam was conducted. I also state that I was treated with respect and not mistreated in any manner during the exam.

SIGNATURE OF EXAMINEE

SIGNATURE OF EXAMINER