

Name: _____ Date: _____ Time: _____

City: _____ State: _____ Zip/Postal Code: _____

Daytime Phone: _____ Evening Phone: _____

Driver's License.: _____

Date of Birth: _____ Age: _____

Polygraph Examiner: _____

Exam Location: _____

_____ I do hereby authorize the above named professional, who is a qualified polygraph examiner, to administer a polygraph examination to me on the date indicated above. I further understand that I may cancel the examination proceedings at any time, and that I will not be detained to complete the examination or interview if I wish to stop.

_____ I am agreeing to take this examination, without any promise of reward, including promises of favorable or particular test outcomes. I understand that based upon on how I produce the polygraph test data, the expert opinion of the examiner may be that I have not been completely truthful or completely cooperative during the examination.

_____ I am in adequate (stable) physical and mental health to complete this examination.

_____ I understand that the examination equipment and physiological principles will be explained to my satisfaction before beginning the examination.

_____ I understand that all questions that will be asked of me during the examination will be read and reviewed with me before beginning the examination, and that I will be given an opportunity to ask for clarification before beginning the examination.

_____ Examination Recording (circle): Audio YES NO Video YES NO

_____ I authorize the release of the results and information from this examination, both orally, in writing, and electronically, including the examination content, video/audio taped interviews, examination results, summary report and opinions to:

Information from this examination ARE / ARE NOT (circle) privileged and confidential attorney work product.

_____ Recipients of this information ARE / ARE NOT (circle) mandated to report known or suspected cases of child abuse.

_____ This authorization for release of the above listed information expires (365 days maximum): _____

_____, I, for myself, my heirs and executors, hereby release and forever discharge from all harm, liability, or damage whatsoever, the above named examiner, or any named or un-named associates or affiliates, including any officers, agents, employees, employers, and associates from all suits, actions of law or claims resulting from this examination.

Signature of Examinee	Date	Witnessed
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The portion below is to be completed at the end of the examination.

This examination was concluded at _____. In signing this portion I completely reaffirm in its entirety my above agreement that I understood the test questions and completed the examination of my own accord, without promises of reward or particular test outcome, knowing that I could stop at any time or consult with an attorney or any other person.

Signature of Examinee	Date	Witnessed
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