POLYGRAPH AUTHORIZATION AND RELEASE FORM

Name: _____ Date: _____ Time: _____

Exam Location: _____

My Present Address is: _____

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

Home Phone: _____ Work Phone: _____

Dr. Lic.: _____ SSN: _____

Date of Birth: _____ Age: _____

Polygraph Examiner: _____

I do hereby authorize the above named individual, who is a qualified polygraph examiner, to administer a polygraph examination to me. I also represent that, not only am I in adequate physical and mental condition to submit to such an examination, but that I know of no physical or mental ailment which might be impaired by, or affect the results of this polygraph examination.

I also understand that the examination technique will be explained to my satisfaction prior to the onset of the examination. I wish to state that I am agreeing to take this examination, without any threats, duress, coercion, or promise of reward or immunity. I further understand that if I so wish, I may cancel the examination proceedings at any time.

I further understand that all questions that will be asked of me during the polygraph examination will be read to and reviewed with me, and that will be given an opportunity to ask for clarification of these questions before the examination is administered.

If in addition, I understand that if I choose to report any information about myself or others that constitutes child neglect, child physical abuse, or child sexual abuse, that this information will be reported to my therapist, probation officer, and/or proper authorities as governed by laws within the State of Colorado. I also understand that such disclosures may result in criminal and/or civil charges being filed against me.

Examination Recording: Audio YES NO Video YES NO

I do hereby authorize the above named examiner to discuss both orally and in writing the examination content, video/audio taped interviews, examination results and opinions to _____
_____,
and to the directors, officers, employees, and/or agents of, _____
_____.

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

I am fully aware that, based on how I produce the polygraph chart tracings, the expert opinion may be that I have not been completely truthful. Therefore, 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

The portion below will be completed at the end of the examination.

This examination was concluded at _____ on the above date. I completely reaffirm in its entirety my above agreement. I also certify that, during the entire exam, I was well treated and submitted myself freely to the examination knowing that could stop at any time by merely saying I wish to stop, or that I wished to consult with an attorney or any other person. I remained of my own free will, knowing that there were no threats, promises, or any other harm whatsoever done to me during the entire time I have been here, either in connection with the examination, interview, and/or again my signing of this authorization and release form.

_____ _____
Signature of Examinee Date Witnessed