

CONSENT TO INTERVIEW WITH POLYGRAPH

PLACE: _____
DATE: _____
TIME: _____

Before we begin an examination by means of the polygraph in connection with _____

you must understand your rights.

YOUR RIGHTS

You have the right to refuse to take the polygraph test.

If you agree to take the polygraph test, you have the right to stop the test at any time.

If you agree to take the polygraph test, you have the right to refuse to answer any individual questions.

WAIVER AND CONSENT

I have read this statement of my rights and I understand what my rights are. I voluntarily agree to be examined by means of the polygraph during this interview. I understand and know what I am doing. No threats or promises have been used against me to obtain my consent to the use of the polygraph. I understand that the examination room (DOES) (DOES NOT) contain an observation device and that the examination (WILL) (WILL NOT) be monitored or recorded.

SIGNED _____
(Examinee)

(Examiner)

WITNESS: _____
