



D. GAMBLES & ASSOCIATES, PLLC
PSYCHOLOGICAL CONSULTANTS

CONSENT FOR POLYGRAPH EXAMINATION AND RELEASE OF INFORMATION

I _____, voluntarily and without threat, duress, coercion, force, promise of immunity or reward agree to take a polygraph examination concerning _____. With full knowledge and consent I agree to undergo a polygraph examination to the following personnel:

_____, and other entities as required by law.

I understand that the purpose of this examination is to determine whether I am telling the truth to all examination questions. I agree to assist the examiner during the process by telling the truth during all our discussions and by cooperating and following all instructions. At any time during today's examination, I understand that I may refuse to take the polygraph test, I may stop the test at any time, and/ or I may refuse to answer any individual questions.

I consent to the use of electronic hearing, video, and recording devices during this examination process, and that it may be used for training and/or research purposes. I declare that I am in good physical and mental condition, and I know of no physical or mental condition that would affect or prevent me from submitting to this examination. I agree to make known to the examiner any physical or medical condition, including the use of any medication or drug, known to me at the time of the examination.

With Knowledge and consent to the above, I agree to release, absolve and forever hold harmless

_____, _____, and _____
(Agency/Company) (Examiner) (Submitting Official)

From any liability. The examiner is authorized to release professional opinions about my truthfulness to the person(s) and/or programs listed above.

_____/_____/_____
Signature of Examinee Printed name of Examinee Today's Date

_____/_____/_____
Signature of Examinee Printed name of Examinee Today's Date