

## Polygraph Examination Consent Form

I, the undersigned examinee, do, of my own volition, free from any duress, coercion, threats, inducements, or promises of immunity, consent and agree to submit to an interview and verification examination utilizing a polygraph.

I understand that if I agree to submit to polygraph testing but fail to show or cancel a scheduled polygraph less than 48 hours before the scheduled examination, I may be charged all expense incurred by the department.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Witness) (Date)