

# Polygraph Consent Form

Name: \_\_\_\_\_

Date of Polygraph Examination: \_\_\_\_\_

I voluntarily agree to a polygraph examination on the above date.

A company representative has advised me of the following:

(1) I am guaranteed by the law the right not to take this examination as a condition of employment or continued employment.

(2) I have not been coerced in any way into either taking this test or signing this consent agreement. This act is entirely voluntary on my part.

(3) I have retained a copy of this agreement for my records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: This document is for informational purposes only and may not be appropriate for your situation. Please consult an attorney for all legal matters.*