**CONSENT TO A POLYGRAPH**

**FULL 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. By law I am guaranteed the right not to take this examination as a condition of employment or continued employment.
2. This act is entirely voluntary. I have not been forced in any way into either taking this test or signing this consent agreement.
3. I have kept a copy of this agreement for my personal records.

EMPLOYEE COMPANY

Authorised Signature Authorised Signature

Print Name and Title Print Name and Title