



## POLYGRAPH CONSENT FORM

I, \_\_\_\_\_, have been advised, before submitting myself to a Polygraph Examination, on this, the \_\_\_\_\_, day of, \_\_\_\_\_, 20\_\_\_\_, that I cannot be forced to submit myself to, or take a Polygraph Examination for any reason.

Furthermore, I have the absolute right to refuse such interview. With full knowledge of these rights and without duress, coercion, force, intimidation or promises of immunity or reward, I hereby request a Polygraph Examination be given to me by a Polygraph Examiner of **JVH POLYGRAPH SERVICES** for mutual benefit of both myself and \_\_\_\_\_ (Corporation, Firm and/or Individual).

I also authorize the Polygraph Examiner of **JVH POLYGRAPH SERVICES** to disclose orally and/or in writing, all information, results, conclusions and/or opinions arising from said examination, to \_\_\_\_\_ (Corporation, Firm and/or Individual) for whatever uses they may determine.

I furthermore authorize **JVH POLYGRAPH SERVICES** to electronically record/tape this examination for the purposes of review, reporting and research. I understand fully that I can terminate this Polygraph Examination I so desire. Intending to be legally bound, I remise, release, waive and forever discharge all and each of the above Corporations, Firms and/or Individuals from any and all actions or causes of action, claims or demands, liability or legal action which I have now or may ever have resulting directly or indirectly, or remotely both by my taking said Polygraph Examination and/or written information, results, conclusions and/or opinions rendered because of said Polygraph Examination.

Please enter your Details in the Spaces provided below:

<b><u>Identity Nr/ Passport Nr:</u></b>	
<b><u>Date of Birth:</u></b>	
<b><u>Age:</u></b>	
<b><u>Marital Status:</u></b>	
<b><u>Home Language:</u></b>	
<b><u>Gender:</u></b>	
<b><u>Citizenship:</u></b>	
<b><u>Contact Number:</u></b>	
<b><u>Residential Area:</u></b>	
<b><u>Job Title:</u></b>	
<b><u>Employee Nr:</u></b>	
<b><u>Highest Level of education:</u></b>	

In witness whereof, I have hereunto set my hand and seal.

_____	_____	_____
Date	Examinee Signature	Examiner Signature