

**POLYGRAPH AUTHORIZATION**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

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Washington, D.C. 20534-0001

**POLYGRAPH AUTHORIZATION**

I, \_\_\_\_\_ , \_\_\_\_\_ ,  
(First, Middle, Last Name) (Job title)

a staff member at \_\_\_\_\_ , authorize the

Bureau of Prisons to permit \_\_\_\_\_ ,  
(Name of Polygraph Agency/Company)

to administer a polygraph examination to me on \_\_\_\_\_ ,  
(Date)

at \_\_\_\_\_ . I understand  
(Location)

that this polygraph examination is being administered in connection with

\_\_\_\_\_  
(Identify Case)

Prior to administering the polygraph examination, I authorize the disclosure of my related statements to the polygraph examiner.

I make this authorization completely, voluntarily, and with no coercion or promise of favor by the Federal Bureau of Prisons.

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

\_\_\_\_\_  
(Witness' Signature) (Date)