

<b>POLYGRAPH EXAMINATION STATEMENT OF CONSENT</b>		FILE NUMBER
For use of this form, see AR 195-6; the proponent is PMG.		
LOCATION	TIME	DATE
NAME (Last, First, MI)	GRADE/STATUS	
ORGANIZATION OR ADDRESS		
<b>STATEMENT OF CONSENT</b>		
<p>In the presence of the witness(es) whose signature(s) appear below, my rights, as specified on DA Form 3881 (completed copy attached), have been explained to me by _____ who informed me that he/she is a polygraph examiner of the United States Army. I have been advised that this polygraph examination statement of consent is being completed in connection with:</p>		
<p>In conjunction with explaining the nature of the polygraph examination, I have been told:</p>		
<ul style="list-style-type: none"> <li>a. that should I refuse to undergo a polygraph examination, no adverse action may be taken against me based solely on my refusal.</li> <li>b. that I have the right to talk privately with a lawyer before, during and after the polygraph examination.</li> <li>c. that the examination area is equipped with a two-way mirror or observation device.</li> <li>d. that the examination will be monitored/recorded.</li> <li>e. that questioning may occur before, during and after the instrument portion(s) of the polygraph examination.</li> <li>f. that anything I say or do during the polygraph examination may be used against me in my administrative, military or judicial proceedings.</li> <li>g. that the polygraph examination will not be conducted without my voluntary consent and even though I am now giving my consent, I can withdraw it at any time and the examination will be stopped.</li> </ul>		
<p>Understanding my unqualified right to refuse, I _____ do hereby this date of my own free will consent to undergo a polygraph examination. I have not been threatened, coerced, unlawfully induced or promised anything in conjunction with my consent to undergo a polygraph examination.</p>		
<b>WITNESSES</b>		<b>SIGNATURE OF EXAMINEE</b>
SIGNATURE		
TYPED NAME AND ORGANIZATION/ADDRESS		<b>SIGNATURE OF EXAMINER</b>
SIGNATURE		
TYPED NAME AND ORGANIZATION/ADDRESS		<b>TYPED NAME AND ORGANIZATION OF EXAMINER</b>
TYPED NAME AND ORGANIZATION/ADDRESS		<b>EXHIBIT NUMBER</b>