

## Counterintelligence Polygraph Examination Form

I, \_\_\_\_\_ understand that I will be required to undergo and successfully complete a Counterintelligence Polygraph examination periodically as a condition to attain or retain access to special program(s). Emphasis is in National Security matters, espionage, sabotage and terrorism. I consent to undergo polygraph examination voluntarily. The examination may contain the following: listening/monitoring device: e.g., audio monitoring/listening device, two-way mirror, camera. The examiner will provide an explanation of the polygraph instrument and review all test questions prior to the examination. I understand the examination will be recorded and/or/observed.

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Signature

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Date

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Printed or Typed Name

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SSN

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Signature of Witness

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Date

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Witness Printed or Typed

Notice: The above information is protected by provisions of the PRIVACY ACT, 5 U.S.C 522a. You are hereby advised that authority for soliciting your Social Security Account Number (SSAN) is EXECUTIVE ORDER 9397. Although disclosure of your SSAN is not mandatory, your failure to do so may impede certifications or determinations.