Polygraph Examination Certification

I, _____ understand the purpose and procedures to be followed during the polygraph examination will be explained to me. I understand the procedures will include the use of sensors to record my physiological responses to questions. I also understand the questions to be asked during the examination will be only those questions necessary to resolve security suitability and/or counterintelligence issues, and all questions will be reviewed with me prior to the examination. I understand that I may stop the examination at any time. However, I also understand that if by doing so it constitutes a refusal to participate in the process, I will be debriefed with no recourse available. I understand that my cooperation is a necessary requirement for the examination and agree to provide that cooperation fully.

I understand that information obtained in the course of the polygraph examination will be strictly controlled within the government and will only be disclosed pursuant to law.

I understand that any information relating to violation of law or an imminent threat to life or property may be reported to the Attorney General, as required by Section 535 of Title 28 of the United Stated Code and Executive Order 12333 or its successors and may also be reported to appropriate law enforcement or other government agencies for administrative, investigative, or legal action. I also understand I have the right against self-incrimination under the Fifth Amendment to the Constitution of the United States and that I may terminate the examination at any time and refuse to answer any question if my answer would tend to incriminate me.

I understand that the session with the polygraph examiner may be monitored; and audio and/or video recordings will be made for the purpose of clarity and accuracy.

_____ _____

Signature Date SSN

The above was read and signed in my presence.

_____

Signature Date

Notice: provisions of the Privacy Act, 5 U.S.C.522a, protect the above information. You hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to certify that you have access to the information indicated above. Although disclosure of your SSN is not mandatory, your failure to do so may impede certifications or determinations.

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Previous Editions Obsolete **Attachment 1**