

TO: *(Requesting Agency)*

DATE

- CONDUCT OF POLYGRAPH EXAMINATION IS AUTHORIZED.
- THIS CONFIRMS TELEPHONIC AUTHORIZATION GRANTED ON _____ .
- CONDUCT OF THE POLYGRAPH EXAMINATION IS NOT AUTHORIZED.
- PRIOR TO AUTHORIZATION, FURNISH THE FOLLOWING:

REMARKS

TYPED NAME, GRADE, POSITION OF AUTHORIZING REPRESENTATIVE

SIGNATURE OF AUTHORIZING REPRESENTATIVE