

POLYGRAPH EXAMINATION AUTHORIZATION For use of this form, see AR 195-6; proponent agency is CID.		DATE OF REQUEST
		REPOSITORY / DOSSIER NO.
TO: <i>(Authorizing Representative)</i>		FROM: <i>(Requesting Agency)</i>
1. Request authority to conduct polygraph examination of:		
EXAMINEE NAME <i>(Last, First, Middle)</i> OR SOURCE NUMBER	GRADE	SOCIAL SECURITY NO
UNIT, ADDRESS, OR DOD AFFILIATION	DATE AND PLACE OF BIRTH	
2. The following information is provided: <ul style="list-style-type: none"> a. (U) Consistent with circumstances of the case, investigation by other means has been as thorough as circumstances reasonably permit and the development of additional information by means of polygraph examination is essential and timely for the further conduct of the investigation. b. (U) The proposed Examinee has been interviewed, and the examination is to be conducted in accordance with AR 195-6. c. (U) For criminal investigation polygraph examinations; The offense which forms the basis for the investigation is punishable under the Uniform Code of Military Justice by death or by confinement for a term of one year or more and there is reasonable cause to believe that the proposed Examinee has knowledge of or was involved in the matter under investigation. d. (U) For military intelligence polygraph examinations: The investigation pertains to an alleged unauthorized disclosure of classified information; alleged acts of espionage, sabotage, treason, subversion, sedition, or disaffection; or the purpose of the investigation is to resolve credible derogatory information indicating allegations of poor character, untrustworthiness, unreliability, or acts which may adversely affect military operations or security, causing substantial doubt that access to classified information is clearly consistent with national security; or the purpose is for foreign national limited access authorization to classified information; or the proposed Examinee is being used as an agent or operative in an approved intelligence or counterintelligence operation. e. () Basis for investigation (MI: Purpose): _____ f. () Summarized justification for request: _____ _____ g. (U) Initial request for authorization. Request confirms telephonic request made on: _____ 		
TYPED NAME, GRADE, POSITION OF REQUESTER		SIGNATURE OF REQUESTER
SPECIAL HANDLING INSTRUCTIONS AND NOTICES		DOWNGRADING / REGRADING / TERMINATION MARKING

