

# REQUEST FOR COPY OF POLYGRAPH EXAMINATION REPORT



## CLIENT PAYEE INFORMATION - PERSON REQUESTING AND PAYING FOR COPY OF POLYGRAPH REPORT

Client Name  Company Name

Street Billing Address  Apt/Suite No.

City  State  Zip Code

Contact Tel No.  E-Mail Address

## EXAMINEE INFORMATION - NAME OF PERSON WHO TOOK THE POLYGRAPH TEST

Full Name of Examinee  Date of Polygraph Test

Client Relationship to Examinee  Self  Family/Relative  Attorney  Therapist  Current Employer  Prospective Employer/Applicant

Government Agency  Police Department  Investigative Agency  Other

## CLIENT PAYMENT INFORMATION FOR NON-REFUNDABLE \$185.00 FEE FOR COPY OF REPORT

Paying by  Visa  MasterCard  American Express  Discover  Bank Debit Card  Cashier Check

Credit Card Account Number  Expiration Date

Verification Last 3 Digit Numbers on Back of Credit Card (Visa/MC/Discover) or 4 Digit Numbers on Front of Card (Amex)

## TERMS AND CONDITIONS - PLEASE READ CAREFULLY BEFORE SIGNING

By signing this Polygraph Examination Request and Payment Authorization Form, I fully authorize Central Polygraph Service Limited to charge my above credit card account the \$185.00 non-refundable fee and agree to all terms and conditions for credit card authorizations and sales. I also agree not to charge back Central Polygraph Service Limited or to dispute this credit card charge with my issuing credit card company or bank regardless of the outcome, results and or opinions rendered by Central Polygraph Service Limited and or any of its officers, employees and or examiners in relation to the polygraph examination. I do hereby RELEASE, WAIVE, FOREVER DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm Central Polygraph Service Limited and any of its Examiners, officers and or employees from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from requesting, paying for and or taking this polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by the examinee because of the polygraph examination. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS Central Polygraph Service Limited and any of its Examiners, officers and or employees from any loss, liability, lawsuits, damages or costs, including court costs and attorney's fees, that they may incur due to the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion and WHETHER CAUSED BY NEGLIGENCE OF Central Polygraph Service Limited and any of its Examiners, officers and or employees.

I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

Print Name of Client/Card Holder

Signature of Client/Card Holder

Date

Time

### IMPORTANT INSTRUCTIONS:

- 1) This form R1 must be completed, signed and submitted along with a completed and signed FORM R2
- 2) A clear photo copy of the Examinee's state issued ID must be attached and submitted
- 3) A clear photo copy of the Client/Cardholder's state issued ID must be attached and submitted
- 4) All completed forms (R1 and R2) as well as photo copies of ID's should be mailed to:

**Central Polygraph Service Ltd.**  
**P.O. Box 1027**  
**Northbrook, IL 60065**

# COPY OF REPORT INSTRUCTIONS



I/We the undersigned, request the following in regards to the polygraph examination test results written report:

PLEASE SEND AN OFFICIAL COPY OF THE POLYGRAPH EXAMINATION TEST RESULTS WRITTEN REPORT TO THE BELOW INDIVIDUAL/ENTITY:

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In consideration of, and as an inducement for CPS and any of its Examiners, officers and or employees, I do hereby RELEASE, WAIVE, DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm, liability or damage to me as a consequence of the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion, CPS, together with its Examiners, officers and or employees. I do hereby RELEASE, WAIVE and FOREVER DISCHARGE CPS and any of its Examiners, officers and or employees from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from the polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by the examinee, client or anyone else because of the polygraph examination. I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

\_\_\_\_\_  
Print Name of Examinee

\_\_\_\_\_  
Signature of Examinee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

*IF EXAMINEE IS UNDER 18 YEARS OF AGE:*

\_\_\_\_\_  
Print Name of Legal Guardian or Parent

\_\_\_\_\_  
Signature of Legal Guardian or Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## IMPORTANT INSTRUCTIONS:

- 1) This form R2 must be completed, signed and submitted along with a completed and signed FORM R1
- 2) A clear photo copy of the Examinee's state issued ID must be attached and submitted
- 3) A clear photo copy of the Client/Cardholder's state issued ID must be attached and submitted
- 4) All completed forms (R1 and R2) as well as photo copies of ID's should be mailed to:

**Central Polygraph Service Ltd.**  
**P.O. Box 1027**  
**Northbrook, IL 60065**