

Wood & Associates Polygraph Service, LLC

2303 B Roosevelt Drive
Arlington, Texas 76016
(817) 275-0447
Fax: (817) 276-9566

PARENT'S OR GUARDIAN'S CONSENT FOR MINOR TO RECEIVE POLYGRAPHS

I, _____ hereby state that I am the parent/guardian
of _____, a minor. I do hereby give my permission
for polygraph examinations to be administered to _____
throughout the term of his/her supervision. I understand these examinations will be
administered by an examiner of Wood & Associates Polygraph Service, LLC.

(Witness)

(Signature)

(Date)