



# POLYGRAPH TESTING - AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, DOC number \_\_\_\_\_, hereby authorize the Department of Corrections to exchange information with any Department contracted certified polygraph examiner. Additionally, I authorize the Department of Corrections to release polygraph interview documentation and polygraph testing conclusions to treatment providers, collateral agencies, courts, or administrative officers.

I understand that disclosures made during polygraph testing, such as providing deceptive responses to polygraph questions or failing to submit to polygraph testing, may be a violation of my supervision and will be reported to appropriate authorities. This could result in a sanction being imposed, including loss of liberty.

This authorization, unless expressly limited by myself in writing, is applicable to records pertaining to diagnosis and/or treatment for substance use disorder, medical issues, mental health, or psychiatric conditions, including sexual deviancy. This authorization also includes the release of this information when it is integrally related to the preparation and administration of polygraph testing.

This authorization will remain in effect until such time that the Department of Corrections no longer has jurisdiction or until my term of supervision has expired.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file