POLYGRAPH EXAMINATION AUTHORIZATION					DATE OF REQUEST			
For use of this form, see AR 195-6; proponent agency is PMG.					REPOSITORY / DOSSIER NO			
TO: (Authorizing Representative)				FROM: (Requesting Agency)				
Request authority to conduct polygraph examination of:								
EXAMINEE NAME(Last, First, Middle) OR SOURCE NUMBER				GRADE		SOCIAL SECURITY NO		
UNIT, ADDRESS, OR DOD AFFILIATION				DATE AND PLACE OF BIRTH				
2. The following information is provided:								
a. b. c.	(U) (U)	reasonably permit and the development of additional information by means of polygraph examination is essential and timely for the further conduct of the investigation. (U) The proposed examinee has been interviewed, and the examination is to be conducted in accordance with AR 195-6.						
d.	(U)							
e.	()	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. Basis for investigation (MI: Purpose):						
f.	()	Summarized justification for request:						
g.	(U)	Initial request for authorization. Request confirms telephonic request made on						
TYPED NAME,	GRAD	DE, POSITION OF REQUESTER	SIGN	IATURE OF REQUES	STER			
SPECIAL HANDLING INSTRUCTIONS AND NOTICES				WNGRADING/REGRADING/TERMINATION MARKING				

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					