

Wood & Associates Polygraph Service

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 of Arlington, Texas.

To file a complaint against a polygraph examiner, contact the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599, www.license.state.tx.us or cs.polygraph@license.state.tx.us.

(Witness)

(Signature)

(Date)