		DO			DATE	OF REQUEST			
			PLYGRAPH EXAMINATION AUTHORIZA or use of this form, see AR 195-6; proponent agency is			REPOS	ITORY / DOSSIER NO		
TO: (Auth	norizii	ng Ro	epresentative)	FROM: (Requesting Agency)					
Request authority to conduct polygraph examination of:									
EXAMINEE	NAN	ЛЕ <i>(L</i>	ast, First, Middle) OR SOURCE NUMBER		GRADE		SOCIAL SECURITY NO		
UNIT, ADD	RESS	S, OR	R 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. The proposed examinee has been interviewed, and the examination is to be conducted in accordance with AR 195-6. For criminal investigation polygraph examinations; The offense which forms the basis for the investigation is punishable under the Uniform Code of Military Justice by death or by confinement for a term of one year or more and there is reasonable cause to believe that the proposed examinee has knowledge of or was involved in the						
	d.	(U)	matter under investigation. For military intelligence polygraph examinations: The investigation pertains to an alleged unauthorized disclosure of classified information; alleged acts of espionage, sabotage, treason, subversion, sedition, or disaffection; or the purpose of the investigation is to resolve credible derogatory information indicating allegations of poor character, 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.						
	e. f.		Basis for investigation (MI: Purpose): Summarized justification for request:						
	g.	(U)	Initial request for authorization. Request confirms telephonic request made on _			_·			
TYPED NA	ME, (GRAI	DE, POSITION OF REQUESTER	SIGN	ATURE OF REQUES	STER			
SPECIAL H	IAND	LING	INSTRUCTIONS AND NOTICES	DOW	DWNGRADING/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.	☐ CONDUCT OF THE POLYGRAPH EXAMINATION IS NOT AUTHORIZED.						
\square prior to authorization, furnish the following:	☐ PRIOR TO AUTHORIZATION, FURNISH THE FOLLOWING:						
REMARKS							
REMARKS							
TYPED NAME, GRADE, POSITION OF AUTHORIZING REPRESENTATIVE SI	SIGNATURE OF AUTHORIZING REPRESENTATIVE						
TITLE NAME, GRADE, POSITION OF AUTHORIZING REPRESENTATIVE	DIGINATURE OF AUTHORIZING REPRESENTATIVE						