

Affirmation and Release

I _____, attest and affirm that I am the applicant named in this application. I have read and understand the contents herein and, to the best of my knowledge and belief, the foregoing answers and statements are complete and true. I further agree that any misstatement or omission of fact from this application will constitute sufficient grounds for rejection of my application and/or termination of membership in the American Polygraph Association.

By my signature affixed to this Affirmation and Release, I acknowledge that I have read, understand, and will adhere to the American Polygraph Association By-Laws, and Standards of Practice as published and amended from time to time.

I hereby grant authorization to release to the American Polygraph Association and/or to its designated agents, criminal records involving criminal charges, criminal convictions, and/or criminal investigations brought against or directed at me and to contact any and every person and organization listed herein for information regarding me.

I agree to release and hold harmless the American Polygraph Association, its members, examiners, and officers from any damages or liabilities by reason of any action they, or any of them, take in connection with the processing, investigation, or action taken on this application.

A photocopy of this Affirmation and Release shall be considered as effective and binding as the original executed document.

Signed: _____

Date: _____

Mail application to:

American Polygraph Association

P.O. Box 8037, Chattanooga, TN 37414-0037

423-892-3992 or toll free 1-800-APA-8037

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