



## Student Application

**Please answer the following questions as this will be kept with your records by the academy as required by the American Polygraph Association**

Date \_\_\_\_\_

Full Legal Name

\_\_\_\_\_  
First Middle Last Maiden

Present Address

\_\_\_\_\_  
City State Zip Code

Permanent Address

\_\_\_\_\_  
City State Zip Code

Email Address \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Driver's License # and State \_\_\_\_\_ Social Security (last 4 digits only) \_\_\_\_\_

U.S. Citizen YES NO

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Circle the appropriate answer Yes or No**

1. Have you ever been arrested, charged, indicted, convicted or court marshaled for any violation for Criminal Law other than a minor traffic violation. Y N

If so, attach a statement explaining the nature of the offense, court, city, state, country, and disposition of case?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you hold a baccalaureate degree from a college or university accredited by the American Association of Collegiate Registrars and Admissions Officers? Y N

3. Do you have five consecutive years of active investigative experience immediately preceding this application? Y N

5. Do you expect any difficulty in meeting all the standards and qualifications for a polygraph license in your state or other jurisdiction? Y N

6. Have you ever been denied any type of license by any licensing agency, Federal, State or Local? Y N

7. Have you ever applied for acceptance to any Polygraph School? Y N

8. Have you ever administered a polygraph examination or any other examination, utilizing instrumentation for the purpose of detecting deception or verifying truth of statements? Y N

Explain: \_\_\_\_\_  
\_\_\_\_\_

9. Do you have any physical defect, or problem with hearing, speech, or vision that would require this school to provide any special materials, equipment or facilities? Y N

Please provide the academy with a certified copy of a college transcript if you will be registering as a college graduate or a letter from your supervisor if you are registering under the 5 year experience exception. If you are an elected official please provide the information form TECLOSE or your state's police officer training academy.

All information will be verified, please provide a phone number where all parties can be reached

College: \_\_\_\_\_

Degree: \_\_\_\_\_

Agency \_\_\_\_\_

Supervisor: \_\_\_\_\_

I \_\_\_\_\_ Certify that all information provided in page one and two of this document is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for:

\_\_\_\_\_  
(County) (State)

My commission expires: \_\_\_\_\_ 20\_\_\_\_\_

Please sign and scan document and present the original on first day of the course