

POLYGRAPH EXAMINER TRACKING SHEET
Chicago Police Department

Examiner's Name & Star #: _____

Date & Time of Examination	Location of Examination		Requester's Name & Star #	RD Number	I-UCR	Comments
Examinee's Name	ERI	Receiver of Case File Signature & Star #	Location of Delivery		Date & Time of Delivery	
	Y / N					
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