

Recording consent form

Thank you for participating in our usability research.

We will be recording your session to allow CS 142 staff members who are unable to be here today to observe your session and benefit from your comments.

Please read the statement below and sign where indicated.

I understand that my usability test session will be recorded.

I grant CS 142 permission to use this recording for internal use only, for the purpose of improving the designs being tested.

Signature:

Print your name: _____

Date: _____