Recording consent form

Thank you for participating in our usability research.

We will be recording your session to allow [ORGANIZATION NAME] staff members who are unable to be here today to observe your session and benefit from your comments.

Please	rea	d th	ie s	stat	em	ent	b	elow	and	d sign	where	indicate	ed.

I understand that my usability test session will be recorded.

I grant [ORGANIZATION NAME] permission to use this recording for the purpose of improving the designs being tested.

Signature:

Print your name: _____

Date: _____