Recording consent form

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Thank y	

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 read the statement below and sign where indicated.

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: Athory

ite: 10/24/2022

Print your name: