**Usability Test – Permission to Record**

Thank you for participating in our usability test. 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, as well as to thoroughly analyze this session after its end.

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 internal use only**, for the purpose of improving the designs being tested.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_