[Organization Header and Logo]

Thank you for agreeing to participate in our project by sharing your experience with us.

We would like to make a record of our conversation to use for reference during our work.

To confirm your permission, please read and sign the recording release below.

Thank you!

**Recording Release**

I agree to allow recording of myself on video, audio, paper, or other means by [Organization Name].

I authorize the use of the recorded material by [your organization’s name] for any purpose related to this project.

I acknowledge [Organization Name’s] ownership of the recorded material and further agree that you may use my name, likeness, and biography for the purpose of communicating results of this research.

I confirm that any example materials that I furnish are my own or, if not, I have secured permission to share them with you.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact at [Organization Name]: Name, Title, Phone, Email

[Organization Footer]