

## Consent and recording release form

I agree to participate in the study conducted and recorded by the University of Edinburgh.

I understand and consent to the use and release of the recording by University of Edinburgh.

I understand that the information and recording is for research purposes only, that the information and recording may be used for communicating research findings to University of Edinburgh staff, supporting project goals to improve staff and student experiences. I understand that my name and image will not be used for any other purpose.

I relinquish any rights to the recording and understand the recording may be copied and used by University of Edinburgh without further permission.

I understand that participation in this study is voluntary, and that I may withdraw my consent at any time. I agree to immediately raise any concerns or areas of discomfort during the session with the study administrator.

Please sign below to indicate that you have read and you understand the information on this form and that any questions you might have about the session have been answered.

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

**Please print your name:** \_\_\_\_\_

**Please sign your name:** \_\_\_\_\_

**Thank you!**

We appreciate your participation.

User Experience Service  
[user-experience@ed.ac.uk](mailto:user-experience@ed.ac.uk)