Permission to Record Tutorial Session

I, ________________________________, understand that the audio/video recording taken on Month_____/Day_____/Year____ will be used for training purposes only and will only be reviewed by my tutor and the Coordinator of Subject Tutoring. I understand that recorded sessions are used to enhance the quality of the Subject Tutoring Program and will be destroyed after it has been evaluated.

______________________________  ________________________________
Tutee’s Printed Name          Tutor’s Printed Name

______________________________  ________________________________
Tutee’s Signature             Tutor’s Signature