

# Permission to Record a Coaching Session

The purpose of this release is to facilitate the development and credentialing of:

\_\_\_\_\_ (Name of coach)

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Name of coachee) (Name of coach)

to record this coaching session on \_\_\_\_\_.  
(Date)

I understand that this audio recording of my coaching session will be reviewed only by:

- This coach.
- A SeattleCoach Faculty Member.
- Assessors who will use it to examine the quality and methods of this coach and/or this coach education company.
- As a coachee you understand that your full name will not be used in this recording and that your information will be kept confidential and will not be shared with any other party.
- Check this box if you, as the coachee, would like to have a copy of the recording.

I have read and reviewed this and I understand its content.

Coachee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

