Permission to Record Final Coaching Performance Session

The purpose of this release is to facilitate the iACTcenter graduation application of

_____

I _____authorize _____to record and release this recording to the International ADHD Coach Training Center (iACTCenter) to evaluate a Final Coaching Performance.

I understand that the audio recording of my session will be reviewed only by a professional ICF-trained evaluator, iACTcenter Director of Education, or ICF-Credentialing staff, who will review the recording to assess the coaching skills and competencies demonstrated by my coach for certification and coach credentialing. I understand my information will be confidential and not shared with any other undisclosed party.

The release form has been read/reviewed with me, and I understand its content.

Client's Signature _____ Date _____

Coach's Signature _____ Date _____