

CONSENT FORM

I, Mr. John Karanja of Adm no. 2024CS158380, hereby request permission to record a session video for assessment purposes. This video will be used solely for academic evaluation and internal review.

I understand and agree to the following:

- The recorded session will be used only for assessment purposes.
- The video will not be shared publicly or used for any other purpose.
- The recording will remain confidential and will be stored securely.

This consent is given willingly and without any pressure or obligation.

Trainer: Mr. John Karanja

Signature: _____

Date: _____

Head of Department (ICT): Edward Nyambane

Signature: _____

Date: _____

Student Representative:

Name: _____

ADM no.: _____

Signature: _____

Date: _____