

Audio Book Recording Consent Form

Full Name

Email Address

Date

Purpose of Recording

Consent

- ☐ I consent to the audio recording of my voice for the purposes of the audio book.
- ☐ I grant permission for my recording to be used, published, and distributed as part of the audio book.
- ☐ I understand that my consent is voluntary and I may withdraw at any time before publication.

Additional Comments

Signature

Date