



Commission on Accreditation
of Athletic Training Education

STUDENT WAIVER FORM

Date:

Name:

Student I.D. #

Institution:

I, _____, give permission for the members of the CAATE Evaluation Team to view my personal academic file relating to the athletic training program. I understand that this viewing will be for informational purposes only and that my confidentiality will be maintained.

Signed:

Date:

Witness:

Date: