



CAATE

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 files 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: _____