

College of Allied Health Professions

Recommendation Authorization Form

The following form is relevant for students and/or graduates of the UNMC College of Allied Health Professions (CAHP).

For requests for CAHP student information, including written or verbal references or evaluations from faculty and/or staff of the College of Allied Health Professions or from any individual representing the University of Nebraska Medical Center, please complete the **Recommendation/ Evaluation Authorization and Waiver** form on the following page.

Requests must be submitted using the attached form to CAHP Enrollment Management & Student Affairs via mail, fax, email, or in person using the contact information below. (Students may submit a request directly to a recommender, but the recommender must submit a copy to CAHP Enrollment Management & Student Affairs for your file.) Specific questions regarding this form should be directed to CAHP Enrollment Management & Student Affairs.

**Please note: all requests require a signature; phone requests will not be accepted.**

**CAHP Enrollment Management & Student Affairs** Phone: (402) 559-6673

984035 Nebraska Medical Center Fax: (402) 559-3385

Omaha, NE 68198-4035 Email: [cahpadmissions@unmc.edu](mailto:cahpadmissions@unmc.edu)

**Instructions for completing this form:**

* The form must be fully completed and signed by the student. Records should not be released if any section of this form is not filled out entirely.
* Send the completed form to UNMC CAHP Enrollment Management & Student Affairs using the contact information above (email preferred).
* Completed forms shall be maintained by UNMC CAHP Enrollment Management & Student Affairs.



RECOMMENDATION/ EVALUATION AUTHORIZATION & WAIVER

UNMC COLLEGE OF ALLIED HEALTH PROFESSIONS

# Student Information

Name of Student (Last, First, Middle Initial): Date:

Click or tap here to enter text. Click or tap here to enter text.

Name of Program: Student NUID:

Click or tap here to enter text. Click or tap here to enter text.

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, school officials must request that students submit this authorization/ waiver or its equivalent prior to providing FERPA-protected student information to third parties. For additional information regarding FERPA, please visit UNMC’s FERPA Information page at   
<https://www.unmc.edu/student-success/academic-records/ferpa.html>.

# Section A. CAHP faculty/staff making recommendation or evaluation

Name of CAHP individual making recommendation or evaluation (put “multiple” if for an entire program)

Click or tap here to enter text.

Email of CAHP individual making recommendation or evaluation (put “NA” if for an entire program)

Click or tap here to enter text.

# Section B. Type of Discloser (check all that apply)

Written Recommendation/ Evaluation

Digital Evaluation Form

Verbal Recommendation/ Evaluation

Other (please specify): Click or tap here to enter text.

# Section C. Person(s) receiving recommendation/ evaluation from CAHP faculty/ staff listed in Section A.

All Potential Employers

Any Educational Program

Only to the following (please specify): Click or tap here to enter text.

# Section D. Purpose of Release (check all that apply)

Employment  
 Admission to an Educational Program  
 Other (please specify): Click or tap here to enter text.

# Section E. Waiver of Access (check one):

I waive the right to review the requested recommendation(s)/ evaluation(s).  
 I DO NOT waive the right to review the requested recommendation(s)/ evaluation(s).

By typing my name below, I understand and agree that I am signing this form electronically. My signature indicates that I authorize the CAHP individual(s) named in Section A above to consult my education records at UNMC, and to disclose such education records as that individual(s) considers appropriate in accordance with the above-stated purpose(s).

I understand that I have the right to revoke this authorization / waiver at any time by delivering a written revocation to the UNMC CAHP official named in Section A above, but that such revocation will not affect any waiver of access to records obtained or received prior to delivery of such written revocation. I also understand that a copy of this authorization / waiver may be sent with the recommendation(s) / evaluation(s).

Student’s Signature: Date: Program:

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Last Revised 8/20/2025