*University of Mississippi*

# Inclusion in On-Line Resume and Resume Book Release

**Please Print**

NAME_____ _____ ID #_____
LAST FIRST

PHONE_____ EMAIL_____

EXPECTED GRADUATION DATE_____

*I hereby authorize the Insurance and Risk Management Society, faculty, and the School of Business Administration to grant access to and/or release to all prospective employers the resume I have submitted for the purpose of furthering efforts to assist me in securing employment. I understand that this resume will be published in the Insurance and Risk Management Resume Book as well as posted on-line.*

_____ _____
SIGNATURE DATE SIGNED

**Completed forms are to be placed in the mailbox of Camille Mitchell in Holman 320.**