

Irene's Myomassology Institute
Job Placement Waiver

1. Graduate Information
 - a. First and Last Name _____
 - b. Address _____
 - c. Address 2 (optional) _____
 - d. City _____
 - e. State _____ Zip Code _____
 - f. Email Address _____
 - g. Phone Number _____
2. What date did you graduate? (MM/DD/YYYY) _____
3. For the reasons noted below, I have elected not to utilize the services of the Career Services Department and have waived my right to placement assistance:

I understand if my current career plans change, I may contact Irene's Placement Department at any time for assistance.

By submitting this information I verify that I am the above named person, and that the information provided in this form is correct.