

INFORMATION RELEASE WAIVER

By signing below, I give the Theta Omicron Chapter of Beta Alpha Psi permission to provide my contact information (including name, address, e-mail, and chapter award level) to interested recruiters. I also understand that this chapter of Beta Alpha Psi will not provide my contact information to organizations trying to sell me a product, such as CPA review firms.

Printed Name _____

Signature _____ Date _____