# Associate Information Release

I hereby authorize an agent of McDaniels to release my employment information and history to the following source.

Requesting Agent (New Employer, Financial Services Provider, etc.) Attention

Address

City State ZIP Telephone

Associate's Name Date

Associate's Signature Date

Special Notes

*Associate should fill out form above this paragraph and return to traceymcdaniels@mcdanielsag.com or fax to (843) 766-6919 with a photo ID for verification. McDaniels will then forward completed document to Requesting Agent. Please cross-out any information areas you do not want disclosed.*

---

Current (Last) Position Last Calendar Year Income Last Rate Of Pay

Date of Hire Date of Separation (if appl.) Eligible for Rehire

Instances of Violence Or Criminal Conduct In Separation (if appl.)

Other Comments

Authorized McDaniels Signature Date