



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 _____