



WD ASSOCIATES

WD Associates, Inc

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Verification Release Form

I hereby give my consent to have WD Associates, Inc., obtain any and all information necessary to verify information provided on my resume concerning my past employment, education, and all other matters which they may be required in connection with employment with WD Associates, Inc. This form may be reproduced or photocopied and a copy shall be as effective a consent as the original, which I have signed. I also give WD permission to use my social security number as necessary to obtain that information.

Employee Signature

Printed Name

SSN

Date