

Information Release Form

Goldman
Sachs

OFFICE

DEPT#

PLEASE PRINT

CHINNAKONDA

LAST NAME

DIVYA

FIRST NAME

DWARAKANTH

MIDDLE NAME

I hereby authorize Goldman Sachs or any of its affiliates ("Employer"), and any persons or organizations acting on its behalf, to verify information presented on my employment application and to procure a consumer report or an investigative consumer report for that purpose. I understand that such a report may contain information about my background, character and personal reputation. I further understand and agree that, in the event of my employment, a consumer report or investigative consumer report may be procured in connection with subsequent employment decisions. Upon my written request, I will be advised of the name and address of each consumer reporting agency from which a consumer report or investigative report may have been obtained. I also voluntarily authorize Employer to perform reference checks of my employment (with the exception of current employment, unless I have authorized such contact or commenced employment with Employer). I hereby release from liability all persons or entities requesting or supplying such information.

Divya C.D.
SIGNATURE

17 / 3 / 2013

DATE

In order for the firm to obtain a complete and accurate background history, which may include researching the credit histories of new employees, please list below your Social Security Number, National Insurance Number or Tax I.D., and any other names by which you have been known.

SOCIAL SECURITY NO./NATIONAL INSURANCE NO./TAX I.D.

Have you ever been known by another name?

☐ YES

☒ NO

If yes, state name(s): _____