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RELEASE OF INFORMATION AUTHORIZATION

Instructions: Complete this authorization and submit it to PSRS/PEERS. Please keep a copy for your records.

SECTION A – MEMBER INFORMATION		
Member Name:	Member Number or Social Security Number:	
Mailing Address:		
Home Phone: ()	Work Phone: ()	Email Address:

SECTION B – AUTHORIZED TO RECEIVE INFORMATION

I authorize PSRS/PEERS to release my personal information to the following people or organizations as requested.

Person/Organization #1

Name: (Last)	(First)	(MI)
Home Phone: ()	Work Phone: ()	Email Address:
Organization: <i>(if applicable)</i>	Relationship to Member:	
Special Instructions:		This release is effective for a maximum of 24 months. Start Date: _____ (REQUIRED) End Date: _____

Person/Organization #2

Name: (Last)	(First)	(MI)
Home Phone: ()	Work Phone: ()	Email Address:
Organization: <i>(if applicable)</i>	Relationship to Member:	
Special Instructions:		This release is effective for a maximum of 24 months. Start Date: _____ (REQUIRED) End Date: _____

SECTION C – MEMBER SIGNATURE

I hereby authorize PSRS/PEERS to release any personal information requested to the person/organization named above for a period no longer than 24 months beginning on the start date entered. PSRS/PEERS will not be held responsible for the release and subsequent use of the information. I understand that I have the right to revoke this authorization provided that I do so **in writing**, except to the extent that PSRS/PEERS has already used or disclosed the information in reliance on this authorization.

Member Signature:	Today's Date:
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From: PSRS/PEERS Member Services

Please use the form on the reverse to authorize the release of information about your PSRS/PEERS account for a period not to exceed 24 months.

In order for PSRS/PEERS to release information about your account to someone other than you, it will be necessary for you to:

- 1) Complete the form
- 2) Enter starting and ending dates
- 3) Sign and date the form
- 4) Return the completed form to:

PSRS/PEERS
PO Box 268
Jefferson City, MO 65102
Fax Number: (573) 634-7934

This authorization is valid for a period of no longer than 24 months from the start date you enter. You must submit another ***Release of Information Authorization*** form at that time to renew the authorization.