

Authorization to Release Information

Public Employees' Retirement Association of Colorado
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-7372



Execution of this form does not authorize release of information other than that specifically described below. Personal health information can only be released with completion of the *Authorization to Use and/or Disclose Personal Health Information* form.

**Member/
Retiree
SSN**

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**To: Public Employees' Retirement Association of Colorado
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-7372**

PERA Member/Retiree:

Name _____
Last First MI

Date of Birth _____

Release To: (Name, address, and telephone number of entity (company or organization) or individual to whom information is to be released. If more than one entity, please use separate forms.)

I request and authorize the Public Employees' Retirement Association of Colorado to release all PERA member or retiree information to the entity or individual named on this authorization with the following limitations. To release personal health information, use the *Authorization to Use and/or Disclose Personal Health Information* form.

**Categories of Information
Limited to:**

**Time period for which
information relates:**

Under separate cover, please specify your immediate request for information.

Authorization: I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Re-disclosure of the information released pursuant to this authorization by those receiving the above authorized information may not be accomplished without my further written consent. Without my express revocation, this consent will automatically expire one (1) year from the date hereof, but in any event:

- on _____ (date to be completed by Member/Retiree); or
- if revoked in writing by Member/Retiree; or
- 180 days from the date hereof; or
- under the following condition(s): _____

Dated this _____ **day of** _____, _____. **Signature of Member/Retiree** _____

If the PERA Participant is unable to sign this *Authorization to Release Information* for any reason, he or she may affix an "X" in the presence of two witnesses not related to the member. These two witnesses must sign below.

Witness (other than family member) _____ **Date** _____

Witness (other than family member) _____ **Date** _____