



PUBLIC SCHOOL & EDUCATION EMPLOYEE  
RETIREMENT SYSTEMS OF MISSOURI

PO Box 268  
Jefferson City, MO 65102-0268  
(573) 634-5290 or  
Toll Free: (800) 392-6848  
Fax: (573) 634-7934  
Email: psrspeers@psrspeers.org  
Website: www.psrs-peers.org

## RELEASE OF INFORMATION AUTHORIZATION

Complete this authorization and submit it to the Public School and Education Employee Retirement Systems of Missouri (PSRS/PEERS). Please keep a copy for your records.

### SECTION A MEMBER INFORMATION

First Name	Middle Name	Last Name	
Member ID (or Last Four Digits of Your Social Security Number)	Telephone ( )		
Mailing Address	City	State	ZIP
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

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

#### Person/Organization #2

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

### SECTION C MEMBER AUTHORIZATION

I hereby authorize PSRS/PEERS to release any personal information requested to the person or 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, except to the extent that PSRS/PEERS has already used or disclosed the information in reliance on this authorization.

Digital Signatures Not Accepted – Original (Written) Signature Required

Date



PUBLIC SCHOOL & EDUCATION EMPLOYEE  
RETIREMENT SYSTEMS OF MISSOURI

Dear Member,

Please use the ***Release of Information Authorization*** form to authorize the release of information about your Public School and Education Employee Retirement Systems of Missouri (PSRS/PEERS) membership(s). 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.

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

1. Complete the form
2. Enter start and end dates
3. Sign and date the form
4. Return the completed form to:

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

We are committed to answering any questions you may have as efficiently as possible. Please feel free to contact any of our trained representatives for assistance at (800) 392-6848.

Sincerely,

A handwritten signature in cursive script that reads 'Jana Taylor'.

Jana Taylor  
Information and Records Management Supervisor