



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
Account 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:			This release is effective for a maximum of 24 months. 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:			This release is effective for a maximum of 24 months. 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 X				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 specialists for assistance at **(800) 392-6848**.

Sincerely,

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

Jana Taylor
Information and Records Management Supervisor