

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**

3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
www.psprs.com
(602) 255-5575

08/11

Fax OR Mail form to:
Non-retired Fax
(602) 296-2368

Retired Fax
(602) 296-2369

AUTHORIZATION FOR RELEASE OF INFORMATION

Section 6109 of the Internal Revenue Code mandates disclosure of your Social Security number (SSN). We will only use your SSN to obtain account information and to inform the Internal Revenue Service (IRS) of distributions and withholdings.

SECTION 1 – PRINT Information		
SSN (last 4 of the SSN is acceptable)	SYSID (if known)	Status (check one) <input type="checkbox"/> Non-retired <input type="checkbox"/> Retired <input type="checkbox"/> Survivor/Guardian
Name (Last)	(First)	(Middle)
Address – City, State, ZIP Code +4		E-mail Address
Home Telephone # ()	Cell # ()	Work # ()
SECTION 2 – Person or Organization Representative		
Name of Person, or Organization Representative		Email Address
Name of Organization		
Address – City, State, ZIP+4		
Telephone # ()	Fax # ()	
SECTION 4 – REQUIRED Signature - If not previously provided and signing as a Power of Attorney or Guardian, provide our office with a complete copy of the appointment documentation.		
By my signature below, I hereby authorize the employees of the System/Plan to release any benefit information to the above-stated person and/or organization (with the exception of <i>sensitive</i> information as determined by the System/Plan). This authorization is temporary and expires after the information is provided to the person and/or organization stated above.		
REQUIRED Signature		Date