

**TEACHERS' RETIRMENT SYSTEM
AUTHORIZATION FOR RELEASE OF INFORMATION/QDRO**

The Teachers' Retirement System (TRS) is hereby authorized to provide the following individuals:
(include complete address)

with the following records or information:

I further authorize TRS' employees to discuss records provided pursuant to this Authorization with the individual(s) named above.

I agree to release and hold TRS harmless from any liability whatsoever that may arise from the release of records or information under this Authorization, including any release of information based upon this Authorization made after the date this Authorization is no longer valid. Said release shall be binding upon me, and my spouse, successors, heirs and assigns.

This Authorization shall be valid for **sixty (60) days** after the date of receipt by TRS. A new Authorization shall be provided for information requests made thereafter. A photocopy of this Authorization may be used and shall have the same force and effect as the original.

Member Name (printed) _____

TRS Member Number _____

Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Is this information being provided for a possible dissolution of marriage? Yes ___ No ___

Date of Marriage _____ **Date of Decree** _____

Member Signature: _____ **Date:** _____

To be valid, this Authorization must be signed and dated in front of a disinterested witness.

Witness: _____ **Date:** _____