



### Section C: Type of record to release

Select which records you wish OP&F to release to the person listed in section B:

- Address
- Annuity payment plan
- DROP ledger
- Contribution history only
- Family information
- Gross monthly pension benefit amount/COLA amount or calculation
- Gross DROP amount
- Retiree check history
- Service credit only
- Salary history only
- Status of my application
- Member account detail report
- Membership dates (i.e. date of entry and effective date of retirement)
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### Section D: Signature and acknowledgement

I, the member described in Section A of this *Authorization to Release Records (other than medical records)* form, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to authorize OP&F to release any information concerning the records I selected in Section C of this form to the person or organization named in Section B; I understand and agree that this authorization will be in effect for the term of one year from the date it is signed by me, unless I rescind it in writing; and waive my rights to any claim against OP&F, its employees, or the Board of Trustees which may result from the release of this information.


Signature: 	Date of signature:
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### Section E: Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

The foregoing *Authorization to Release Records (other than medical records)* form was acknowledged before me by the person named in the foregoing Section A, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal here	Notary's signature: 
	Print name:
	My commission expires: