

ATTENTION	
NAME (PRINT)	PERA ID NUMBER OR LAST FOUR OF SSN
PERSONAL EMAIL ADDRESS	PRIMARY PHONE NUMBER

I understand that data in my retirement records are protected under state and federal privacy regulations and may be disclosed to me upon my written consent.

I understand that I must establish proof of identity by providing a copy of one of the following: a state driver's license, state ID, passport, military ID or tribal ID.

I understand that this consent form will not be accepted (valid) without proof of identity.

By requesting this information (some of which may be classified as private) to be sent through a FAX machine or non-secure email, I acknowledge the possibility that this information may be seen by other persons after being transmitted by PERA.

SIGNATURE OF MEMBER	DATE
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Release to me or **Release to a third party**

I authorize PERA to release information or records about me to the following:
(There may be a charge for releasing information.)

NAME	ADDRESS
BUSINESS NAME	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER

Please release the following information:

The balance of my account

Other _____

Please release this information: (check one)

One time only

From this date until I revoke this consent in writing

Please transmit this information: (check one)

Through secure e-mail

Through FAX machine

By U.S. mail

Over the telephone or in person

STAFF VERIFICATION	
ID TYPE	
PERA SIGNATURE	
DATE	