



MICHIGAN OFFICE OF RETIREMENT SERVICES

Big Plans. Small Steps.

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Release of Information Authorization

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID
MAILING ADDRESS	DAYTIME TELEPHONE - -
CITY, STATE, ZIP CODE	EMAIL ADDRESS

Section I: Authorization. Complete and sign below, to authorize the Office of Retirement Services (ORS) to release, disclose, and provide me or the person I have designated with a copy of my information as described below; and expressly waive any claim of confidentiality that I may have as to the requested records.

I, _____, authorize ORS to release confidential information related to my account to MYSELF OTHER _____,
(Insert name of designee or legislative office if applicable)

PLEASE NOTE: This authorization form is only valid for the one time release of the records described below and expires upon such release.

Section II: Description of Information to Release. Please provide a detailed description of the requested information below.

Section III: Authorization Certification. STOP Read all instructions and appear before a notary public before signing.

SIGNATURE	PRINTED SIGNATURE	DATE
<p>Notary Public: Subscribed and sworn to before me this _____ day of _____, _____</p> <p>County of _____, State of _____</p> <p>My commission expires _____, _____</p> <p>Notary Signature _____</p>		

Return the completed form to ORS at P.O. Box 30171, Lansing, MI 48909-7671 or fax to 517-284-4416.

