MICHIGAN OFFICE OF RETIREMENT SERVICES
Big Plans. Small Steps.
PO Box 30171 · Lansing, MI 48909-7671 Michigan.gov/ORS
Toll Free: 800-381-5111
Fax: 517-284-4416

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

Notary Public: Subscribed and sworn to before me this _____ day of _____, _____

County of _____, State of _____

My commission expires _____, _____

Notary Signature _____

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

Department of Technology, Management & Budget
R3488CGHBD (Rev. 1/2019) Authority: 1980 PA 300; 1943 PA 240; 986 PA 182; 1992 PA 234; 1967 PA 150, as amended