



Information Release Authorization

This form is for members to use to authorize the release of account information to a third party.

Send completed form to:
Department of Retirement Systems
PO Box 48380 • Olympia, WA 98504-8380

www.drs.wa.gov • 800.547.6657
360.664.7000 • TTY: 711

Member Information

Name (Last, First, Middle)	Social Security Number
Email Address	Phone Number
Retirement System and/or Program <input type="checkbox"/> Apply to All My Retirement Plans/Programs <input type="checkbox"/> Public Employees' Retirement System (PERS) <input type="checkbox"/> Teachers' Retirement System (TRS) <input type="checkbox"/> School Employees' Retirement System (SERS) <input type="checkbox"/> Deferred Compensation Program (DCP) <input type="checkbox"/> Washington State Patrol Retirement System (WSPRS) <input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF) <input type="checkbox"/> Public Safety Employees' Retirement System (PSERS) <input type="checkbox"/> Judicial Retirement System (JRS) <input type="checkbox"/> Judicial Retirement Account (JRA)	

Release Information

Third-Party Name	
Email Address	Phone Number
Information to Release to Third-Party Person or Entity Named Above (check one) <input type="checkbox"/> General account information, including my balance or benefit amount <input type="checkbox"/> All account information, including both general account information and any medical documentation in my member file <input type="checkbox"/> Account information for a divorce: Date of Marriage _____ Date of Separation _____	

Length of Time This Form Will be in Effect

If you don't make a selection, this Information Release Authorization form will be valid for 90 days from the date signed (check one) <input type="checkbox"/> The release of information on this form is valid for 90 days from the signed date below <input type="checkbox"/> The release of information on this form is valid until _____	
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Signature

The information on this form is accurate. I understand that the individual named in the Release Information section must provide my Social Security number before receiving any of my account information.	
Signature	Date

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.

