

Attn: Washington Public Records Act Request

Under the Washington Public Records Act, I'd like to request records of teacher retirement claims at any time from 2000 to 2020. For each teacher who claimed in each year, we request the following fields:

(2000–2020)

- ***Teacher ID (“cert”)***
- ***First name***
- ***Last name***
- ***Middle name/initial***
- ***Date of claim***
- ***Decision (approve/reject)***
- ***Date of approval/rejection***
- ***Date on which benefits commence***
- ***Service credit***
- ***Years of service (credit not purchased)***
- ***Date of start of service (affects eligibility)***
- ***Retirement tier (if different systems)***
- ***Service credits purchased***
- ***Price of service credits***
- ***Service credits from sick/personal leave***
- ***Service credits from other places (military, out of state, etc)***
- ***Total service credits***
- ***Age at claim***
- ***Replacement rate***
- ***Final average salary***
- ***Early retirement penalty***
- ***Monthly annuity***
- ***Marital status***
- ***Co-beneficiary (yes/no)***
- ***Co-beneficiary age***

The Public Records law is particularly far-reaching, covering “*all records [and]...electronic data processing records, recorded information and all other documentary materials, regardless of physical form or characteristics, having been prepared, or having been or being used, received, possessed or under the control of any public body.*”

I request the data be in pipe-delimited (“|”) form so that the large data can be accessible.

I am willing to pay any reasonable and necessary fees associated with processing the request. If the fees associated with the request exceed \$200 please call me.

I seek this information in the public interest as an economist at a non-profit research university, and not for a commercial purpose. In past requests, it’s often been helpful to schedule a call to clarify any issues that arise. I’m also happy to provide a sample format for the data that may make provision easier.

Thank you for your time. Please do not hesitate to let me know if you have any questions.

Sincerely,

Andrew C. Johnston, PhD

Professor of Economics

acjohnston3@gmail.com

949-290-1948

Declaration of Non-Commercial Purpose

This form is for individuals or organizations requesting public records from the Department of Retirement Systems.

Send completed form to:

Email drs.pdr@drs.wa.gov

Fax 360.753.3166

Mail Department of Retirement Systems
Attn: Public Disclosure Officer
PO Box 48380 • Olympia, WA 98504-8380

Requestor Information

| | | | |
|--|------|---|-----|
| Name of Individual Submitting the Request | | | |
| Mailing Address | City | State | ZIP |
| Email Address | | Phone Number | |
| I am Requesting the List of | | <input type="checkbox"/> On my own personal behalf <input type="checkbox"/> On behalf of an organization or business | |
| If you are requesting the list on behalf of an organization or business, complete the following: | | | |
| Organization or Business Name | | Organization or Business Website Address | |
| Organization or Business Purpose | | The organization or business is a professional association or educational organization recognized by the professional licensing or examination board, and the request is for a list of applicants for professional licenses or professional licensees of the subject area of the association or organization <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Purpose of the Request

| |
|--|
| The Purpose of Making the Request is |
| <p>I or the organization/business intend to</p> <ul style="list-style-type: none"> • Generate revenue or financial benefit from using the list of individuals, taxpayers and/or persons <input type="checkbox"/> Yes <input type="checkbox"/> No • Solicit money or financial support from any of the individuals, taxpayers and/or persons on the list <input type="checkbox"/> Yes <input type="checkbox"/> No • Make individuals, taxpayers and/or persons on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities <input type="checkbox"/> Yes <input type="checkbox"/> No • Supply or sell the list of individuals, taxpayers and/or persons to another organization or business, third party individual, or other entity <input type="checkbox"/> Yes* <input type="checkbox"/> No <p>*If Yes, to whom _____</p> |

Signature

| | | |
|---|----------------|------------------|
| <p>I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I certify under penalty of perjury that I have read the information provided with this declaration and I understand that a list of _____ cannot be provided to me, or to my organization/business by the Department of Retirement Systems if the list will be used for a commercial purpose. I certify under penalty of perjury that any list(s) I or my organization/business receive pursuant to this request, will not be used for any commercial purpose in violation of RCW 42.56.070(8), RCW 82.32.330(3)(k), or RCW 19.02.115(3)(g).</p> | | |
| Signature <i>Andrew C. Johnston</i> | Date | In (City, State) |
| Printed Name | Title (if any) | |

