

Information Release Authorization

Washington State Department of Retirement Systems



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

Member Information

Name (Last, First, Middle)

Your Social Security number is required for DRS to report payments to the IRS, as required by IRC sections 6041(a) and 6109.

Social Security Number

Personal Email Address

Phone Number

Retirement System and/or Program(check all that apply).

Apply to All My Retirement Plans/Programs

Public Employees' Retirement System (PERS)

Teachers' Retirement System (TRS)

School Employees' Retirement System (SERS)

Deferred Compensation Program (DCP)

Washington State Patrol Retirement System (WSPRS)

Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)

Public Safety Employees' Retirement System (PSERS)

Judicial Retirement System (JRS)

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).

General account information, including my balance or benefit amount

All account information, including both general account information and any medical documentation in my member file

Account information for a divorce:

If Divorce, Date of Marriage

If Divorce, Date of Separation

Length of Time This Form Will be in Effect (check one)

If you don't make a selection, this Information Release Authorization form will be valid for 90 days from the date signed.

The release of information on this form is valid for 90 days from the signed date below

The release of information on this form is valid until

Member Signature (Required)

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.

Print, then sign this form.

Signature

Date (mm/dd/yyyy)

Submit Your Form (choose one)

Mail: Department of Retirement Systems
PO Box 48380, Olympia, WA 98504-8380

Fax: Attn: Department of Retirement Systems
360-664-7975

Online: Scan completed form pages. Log into drs.wa.gov/oa
Select "Upload Documents" under "My Documents."

Questions? Contact DRS

Call: 800-547-6657 or 360-664-7000 (TTY 711)

Visit: drs.wa.gov