



Authorization for Disclosure of Confidential Retirement and Benefits Information

FOR OFFICE USE ONLY

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alaska.gov/drb

Division of Retirement and Benefits
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Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
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Empty dashed box for office use only.

Complete all sections, date, and sign.

1. I, _____ (print name), hereby voluntarily authorize the Division of Retirement and Benefits to disclose information from my Alaska Public Employees' Retirement System (PERS) or Alaska Teachers' Retirement System (TRS) records, and in this specific circumstance, I knowingly waive my right to keep my retirement records confidential pursuant to AS 40.25.151. By signing this authorization, I understand that I am releasing the State of Alaska, Department of Administration, Division of Retirement and Benefits, and its agents, officers and assignees from any and all potential liability arising out the release of the described records to the person/agency identified below.

2. I am authorizing the release of this information to:

Name of Person/Agency receiving information: _____

Address: _____

City/State: _____

3. The information to be disclosed from my PERS/TRS records (check appropriate box(es)):

- Entire PERS/TRS Record
- Only information related to (specify): _____
- Only the period of events from: _____ to _____
- Amount and Effective Date of my current PERS/TRS monthly benefit
- Complete payment history
- Other (specify): _____
- PERS/TRS benefit appeal file. **NOTE: If the appeal is not yet resolved, the Attorney General's Office must approve the release.**

4. I understand that I may revoke this authorization in writing submitted at any time to the Division of Retirement and Benefits, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature unless I have specified a different expiration date or expiration event.

Different expiration date (optional): _____

I understand that information disclosed by virtue of this authorization may be subject to re-disclosure by the recipient, and that the Division of Retirement and Benefits is not responsible for maintaining the confidentiality of these records pursuant to AS 40.25.151 once they are released to the recipient.

Signature of Member: _____

Address: _____

Date: _____

Social Security Number or Retirement Identification Number (RIN): _____