

Release of Information

Purpose of the Form

Use this form to authorize PERSI to release information pertaining to your accounts and benefits to named individuals.
 Note: The authorization that you provide on this form is valid until you notify PERSI in writing to revoke it.

Instructions

- 1 Complete the form in blue or black ink.
- 2 Send the completed form to PERSI.
 - If your address has changed, you must submit form RS110, Member Mailing Address Change, with this form.

Member Social Security Number		Member PERSI ID Number*		1		
					* A PERSI ID is only required for members with multiple PERSI accounts.	
Member Information						
Name - First, Middle, Last						
Mailing	Street or P.O. Box					
Mailing Address	City			State	tate Zip Code	
Daytime Pho	Dne Number (include area code)	Email Address				
Individuals to Whom Information May be Released						
Name – First, Middle, Last			Organization Name			
Mailing	Street or P.O. Box					
Address				State	e	Zip Code
Daytime Phone Number (include area code) Email Address					Fax Numb	er (include area code)
Name – First, Middle, Last			Organization Name			
Street or P.O. Box Mailing						
Address	City			State Zip Code		Zip Code
Daytime Phone Number (include area code) Email Address			Fax Number (include area code)			
Name – First, Middle, Last		Organization Name				
Street or P.O. Box						
Mailing						
Mailing Address	City			State	•	Zip Code
Address	City one Number (include area code)	Email Address		State		Zip Code er (include area code)
Address			ıthorization	State		•
Address Daytime Pho	pne Number (include area code) PERSI to release any and all infont the future, to the individuals list.	Member Au	ny account(s), ind	cludin	Fax Number	er (include area code) o which I am or may become

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Page 1 of 1