



Denver Employees Retirement Plan  
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## AUTHORIZATION FOR RELEASE OF INFORMATION

*Please print or type in blue or black ink. DERP will not honor this form unless all fields have been completed.*

Print name: \_\_\_\_\_ DERP ID: \_\_\_\_\_  
 (First Name, Middle Initial, Last Name)

Address: \_\_\_\_\_  
 (Street, Avenue, Road, P.O. Box, etc.)  
 \_\_\_\_\_  
 (City, State, ZIP)

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 (Area Code, Number) (Last four digits)

Member's Email Address: \_\_\_\_\_ Spouse's Email Address: \_\_\_\_\_  
 (Optional)

I, \_\_\_\_\_, hereby authorize the Denver Employees Retirement Plan (DERP) to furnish **any and all information** concerning my membership, privileges, and rights under DERP to the following individual/agency/company.

\_\_\_\_\_  
 (Name of individual/agency/company)

This authorization is in effect for the following time period: \_\_\_\_\_

This Authorization for Release of Information (Authorization) permits DERP (including its administrators, employees, and agents) to release any information regardless of whether or not it is of record. I release DERP (including its administrators, employees, and agents) from any responsibility for damages resulting from providing any information pursuant to this Authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be notarized.***

State of \_\_\_\_\_ )  
 City of \_\_\_\_\_ ) ss.  
 County of \_\_\_\_\_ )

The foregoing document was signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

WITNESS my hand and official seal. \_\_\_\_\_  
 Notary Public

My commission expires: \_\_\_\_\_