

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: _____