



Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

NYCERS USE ONLY

F615

Authorization for Release of Information

Only use this form to authorize the New York City Employees' Retirement System (NYCERS) to provide information and/or records to a third party on your behalf, upon request. If you have any questions, please contact NYCERS' Call Center at 347-643-3000. **NOTE: The address and contact information entered on this form will be used to update NYCERS' records if they differ from what is currently on file.**

Print clearly in CAPITAL letters using only blue or black ink.

Member Number OR	Pension Number	Last 4 SSN	Mobile Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First Name	M.I.	Last Name	
<input style="width: 100%;" type="text"/>			
Address			Apt. Number
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
City		State	Zip Code
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email Address			
<input style="width: 100%;" type="text"/>			

Union and Employer Authorization

Do not share my Medical and Non-Medical records with my union or employer.

Authorization for all other Entities

I hereby authorize the New York City Employees' Retirement System (NYCERS) to provide the information listed on page 2 regarding the NYCERS account referenced above to the following individual/entity (hereinafter Third Party):

First Name	M.I.	Last Name
<input style="width: 100%;" type="text"/>		
Name of Entity (if applicable)		
<input style="width: 100%;" type="text"/>		
Address		Apt. Number
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
City		State
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
		Zip Code
		<input style="width: 100%;" type="text"/>

Continue on the next page.





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Member Number Pension Number - Last 4 SSN

<input type="checkbox"/> Any and all Non-Medical records. <input type="checkbox"/> Only the specified Non-Medical records listed below: 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>	<input type="checkbox"/> Any and all Medical records. <input type="checkbox"/> Only the specified Medical records listed below: 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>
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I understand that NYCERS has no authority to control the future use or dissemination of any information released to the Third Party identified above. Therefore, I release NYCERS, the City of New York, and any officers, agents, or employees thereof, from any and all liability that may arise out of the Third Party's possession and/or use of the information and/or records provided pursuant to this authorization. This authorization is effective on the date signed below, and will remain in effect until NYCERS' receipt of a written, notarized revocation from the Member/Retiree/Beneficiary.

Signature of Member	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

This form must be acknowledged before a Notary Public or Commissioner of Deeds.

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____ to me known, and known to me to be the individual described in and who executed the foregoing instrument, and they acknowledged to me that they executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____
Official Title _____ **Expiration Date of Commission** _____

If you have an official seal, AFFIX IT

