NYCERS USE ONLY **F615**

NYCERS NYC Employees' Retirement System

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

Authorization for Release of Information

Use this form to authorize the New York City Employees' Retirement System (NYCERS) to provide information and/or records to someone other than the NYCERS member, pensioner, or beneficiary. If you have any questions, please contact our Call Center at 347-643-3000. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.**

Member Number OR	Pension Number	Last 4 Digits of SSN	Phone Number

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

I, _____ , hereby authorize the New York City Employees' Retirement System (NYCERS) to provide _____ of _____
Name of Individual *Name of Entity (If Applicable)*

Address: _____ Daytime Phone: _____

(hereinafter Third Party), with the following (check one from each column if you wish):

☐ Any and all information **except Medical Records** regarding the NYCERS account referenced above. **- OR -**

☐ Specific information **except Medical Records** regarding the NYCERS account referenced above. Describe specific information below:

_____

_____

☐ Any and all **Medical Records** regarding the NYCERS account referenced above. **- OR -**

☐ Specific **Medical Records** regarding the NYCERS account referenced above. Describe specific Medical Records below:

_____

_____

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/Pensioner/Beneficiary.

Signature of Member/Pensioner/Beneficiary	**Date**

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 he or she acknowledged to me that he or she 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