



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: If the address you provide on this form is different from your address on file with NYCERS, the new address will become your official address in NYCERS' records.**

Member Number	OR	Pension Number	Last 4 Digits of SSN	Phone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address				Apt. Number
<input type="text"/>				<input type="text"/>
City			State	Zip Code
<input type="text"/>			<input type="text"/>	<input 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 _____ of _____
Name of Individual Name of Entity (If Applicable)

Address: _____ Daytime Phone: _____

(hereinafter Third Party), with the following information regarding the NYCERS account referenced above (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Any and all Non-Medical records. | <input type="checkbox"/> Any and all Medical records. |
| <input type="checkbox"/> Only the specified Non-Medical records listed below:
_____ | <input type="checkbox"/> Only the specified Medical records listed 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
<input type="text"/>	<input 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 he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, AFFIX IT

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

