

AUTHORIZATION TO RELEASE INFORMATION



Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
Tel: (707) 565-8100 / Fax: (707) 565-8102 / www.scretire.org

I, the undersigned, hereby authorize the Sonoma County Employees' Retirement Association to release any information requested from my retirement file with the Sonoma County Employees' Retirement Association to the following:

Name (Please print)

Phone Number

Street

City

Zip

I acknowledge that this authorization shall remain valid until revoked by me in writing and that I may receive a copy of this authorization at any time and that a photocopy hereof shall be as valid as the original.

SCERA Member Name (Please print)

SCERA Member Signature

Date Signed

Witness (must be over 18 years old and not beneficiary)

Date Signed