



## Authorization for Release of Information

The Iowa Public Employees' Retirement System (IPERS) is hereby authorized to provide the following records:

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These records may be provided to the following person(s):  
(Please give complete name and address of person(s) to receive information.)

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In addition, I authorize IPERS' employees to discuss any records forwarded pursuant to this Authorization with the person(s) named above.

I agree to release and hold IPERS harmless from any liability whatsoever that arises from the release of information under this Authorization, including any release of information based on this Authorization made after the date this Authorization is no longer valid. Said release will be binding on me, and my spouse, successors, heirs, and assigns.

This Authorization will be valid for **ninety (90) business days** after the date of receipt by IPERS. A new Authorization must be provided for information requests made thereafter. A photocopy or fax of this Authorization may be used and will have the same force and effect as the original.

I am aware information sent via fax or e-mail is not secure. I hereby authorize IPERS to release the information described above via:    **mail**     **fax**     **e-mail**   
(Place an X in at least one of the above blanks.)

Member name (printed): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this information provided for a possible dissolution of marriage? Yes  No

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be valid, you must sign and date this form in front of a disinterested witness.**

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_