



**Authorization to Release Information**

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Execution of this form does not authorize release of information other than that specifically described below. Personal health information can only be released with completion of the *Authorization to Use and/or Disclose Personal Health Information (PHI)* form.

**Member/  
Retiree SSN**

**PERA Member/  
Retiree**

Name \_\_\_\_\_  
Last First MI

Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_  
Month/Day/Year

Sign up for electronic delivery of PERA information?  Yes  No

**Release  
Information To**

**Complete the following information for the entity (company or organization) or individual to whom information is to be released.**

I request and authorize the Colorado Public Employees' Retirement Association (PERA) to release the information specified below to the entity or individual named on this *Authorization*. I will complete a separate *Authorization to Use and/or Disclose Personal Health Information (PHI)* form should I choose to release personal health information.

Name \_\_\_\_\_  
Entity or Individual

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**Information  
Requested**

**Categories of information limited to:**

**Time period for which information relates:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use a separate letter to specify your immediate request for information.

**Authorization**

I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Redislosure of the information released pursuant to this authorization by those receiving the above authorized information may not be accomplished without my further written consent. This consent will automatically expire one year from the date executed by member/retiree, or earlier if indicated below (check box if applicable):

Authorization will expire:

- On \_\_\_\_\_; or
- If revoked in writing by member/retiree; or
- 180 days from the date executed; or
- Under the following condition(s): \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Sign Here → Signature of Member/Retiree** \_\_\_\_\_

If the PERA participant is unable to sign this *Authorization to Release Information* for any reason, he or she may affix an "X" in the presence of two witnesses not related to the member. These two witnesses must sign below.

Witness (other than family member) \_\_\_\_\_ Date \_\_\_\_\_

Witness (other than family member) \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Colorado Public Employees' Retirement Association, PO Box 5800, Denver, Colorado 80217-5800