



AUTHORIZATION FOR DISCLOSURE OF OCERS RECORDS

*This document authorizes the disclosure of confidential individually identifiable information belonging to an OCERS member, as set forth below, consistent with Gov. Code § 31532. **This form does not constitute Power of Attorney. Failure to provide all the information requested below will invalidate this Authorization.***

1. Member Information	Last Name	First Name	M.I.	SSN (last 4):
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I, _____, hereby authorize the Orange County Employees Retirement System (OCERS) to release the following information:

Check all that apply:

___ Benefit Estimate

___ Account Balance

___ Benefit Letter

Designated Approved Requestor Information:

Name of Approved Requestor

Email of Approved Requestor

Phone number of Approved Requestor

Relationship to Member

This Authorization shall be effective immediately and will remain effective for six (6) months from the date of my signature. I may revoke this Authorization in writing at any time. My revocation must be signed by me, notarized, and delivered to OCERS in person at 2223 E. Wellington Avenue, Suite 100, Santa Ana, CA 92701, or by mail at P.O. Box 1229, Santa Ana, CA 92702. My revocation will be effective upon receipt by OCERS.

A copy of this document will serve as sufficient consent of Authorization unless I cross out this sentence, in which event OCERS will require that my signature on this document be an original.

I acknowledge that I have read this document in its entirety and understand that my confidential information will be disclosed to the person I have designated, for a period of six (6) months from the date of my signature hereon, and this Authorization was not signed under duress or undue influence. Furthermore, I understand that I am responsible for revoking this authorization before the expiration date should I choose to do so.

(Member Signature)

(Date)

Attached Notary Acknowledgment Certificate Here

This form must be notarized to be valid. Failure to submit this form without proper notarization will invalidate this Authorization.