



AUTHORIZATION FOR DISCLOSURE OF OCERS RECORDS

Completion of this document authorizes the disclosure and/or use of individually identifiable records of the OCERS member, as set forth below, consistent with laws concerning the privacy of such information. **Failure to provide all information requested may invalidate this Authorization.**

1. Member Information	Last Name	First Name	M.I.	Social Security No.
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2. Information Release: Pursuant to Gov. Code § 31532, I hereby give my consent and authorization for the release and disclosure of my protected sworn statements, individual records, and confidential information in the possession of the Orange County Employees Retirement System (OCERS), its officers, employees, agents, Board of Retirement, and authorized representatives under the County Employees Retirement Law of 1937 (CERL), Gov. Code § 31450, et. seq. Such information may be released only to the person(s) I have designated, below:

3. Expiration of Authorization: Unless cancelled by me in writing, this Authorization shall be valid for two years from the date of signature hereon. I may revoke this authorization at any time. My revocation must be in writing, signed by me, and delivered to OCERS either in person at 2223 E. Wellington Avenue, Suite 100, Santa Ana, CA 92701, or by mail at PO Box 1229, Santa Ana, CA 92702. My revocation will be effective upon receipt by OCERS. I am aware that my revocation is not effective to the extent that persons I have authorized to use and/or disclose my protected information have acted in reliance upon this authorization.

A photographic copy of this Authorization shall be valid as the original.

I have read the above, and I fully understand that my confidential statements, records, and information may be disclosed to the person(s) I have designated, above, for a period of two years from the date of the signature hereon.

Member Signature

Date

Note: Member must sign and date.