



Authorization for Release of Information



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

(Please give complete name and address of person(s) to receive information.)

with the following records:

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 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including any release of information based on this Authorization made after the date this Authorization is no longer valid.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

Member name (printed): _____

Date of birth: _____ Member ID: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Member signature: _____ Date: _____

To be valid, this form must be signed and dated in front of a disinterested witness.

Witness signature: _____ Date: _____