



## AUTHORIZATION TO RELEASE INFORMATION

Sonoma County Employees' Retirement Association  
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403  
Tel: (707) 565-8100 / Fax: (707) 565-8102  
www.scretire.org

I, the undersigned, hereby authorize the Sonoma County Employees' Retirement Association to release any information requested from my retirement file with the Sonoma County Employees' Retirement Association to the following:

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

I acknowledge that this authorization shall remain valid until revoked by me in writing and that I may receive a copy of this authorization at any time and that a photocopy hereof shall be as valid as the original.

\_\_\_\_\_  
SCERA Member Name (Please print)

\_\_\_\_\_  
SCERA Member Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness (must be over 18 years old and not beneficiary)

\_\_\_\_\_  
Date Signed