



KPERS-14 Rev. 4/19

## AUTHORIZATION TO RELEASE INFORMATION

For security reasons, do not submit form by email.

■ **Important** – This form does not authorize release of information other than that specifically described below. KPERS does not release bank account and bank routing numbers, medical records, and details of approved Qualified Domestic Relations Orders (QDROs) to anyone other than the member.

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638  
email: kspers.gov • web: kspers.gov • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

### ■ Part A – Member Information

1. Name (First, MI, Last): \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

■ **Part B – Authorization to Release Information** – List the entity or individual who may receive the information you specify. Please use a separate form for each additional name. An individual listed on this form may discuss only the information you specify. **No action may be taken that affects your account.** This is different from a person with your power of attorney, who can discuss as well as handle your KPERS business. If a power of attorney is what you need, please seek legal assistance.

"I request and authorize the Kansas Public Employees Retirement System to release my personal Retirement System information to the entity or individual named on this authorization with the following limitations."

1. Name of Entity or Individual: \_\_\_\_\_
2. Telephone Number: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
4. Relationship: \_\_\_\_\_
5. Types of Information Limited to:
  - ☐ Retirement
  - ☐ Life insurance
  - ☐ Disability
  - ☐ Divorce-related
  - ☐ All of the above
  - ☐ Other \_\_\_\_\_
6. Reason for Release: \_\_\_\_\_

■ **Part C – Member Certification** – Only the member may request a release of information. Conservators, guardians and those with power of attorney cannot complete this form.

"I certify that this authorization has been made voluntarily and I hereby waive any right of privacy or confidentiality which I might otherwise have to the information regarding my Retirement System membership. I understand that the information may only be used for the purpose indicated and that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. This authorization will automatically expire **90 days** from the date of my signature, or:

- ☐ on \_\_\_\_\_ (date to be completed by member)
- ☐ until revoked in writing by member
- ☐ under the following conditions: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_