



*Building your financial future*

# Authorization to Release Information to a Third Party

**DIRECTIONS**

*This form is for members of the RRS who would like information relating to their account(s) or benefit(s) sent to a third party. This information is often requested by mortgage lenders and retirement communities.*

**STEP 1**

Please fill out your form, typed or printed in ink, and remember to sign.

**STEP 2**

Submit your form...

...during our walk-in hours, Monday thru Friday, 10AM-12PM and 1PM-3PM

or

...by mailing your form to:  
Richmond Retirement System  
730 E. Broad Street, Suite 900  
Richmond, VA 23219

**STEP 3**

Wait 5 business days, from the date of receipt, and we will send the information that you requested to the business indicated on this form.

**THANK YOU!**

**PART A. MEMBER INFORMATION**

Name

Social Security #

Mailing Address

City/State/ZIP

Phone Number

Email Address

**PART B. TYPE OF REQUEST**

Monthly Pension Verification  Proof of Prior Health Coverage

Other:

**PART C. THIRD PARTY INFORMATION**

Name of Business

Phone Number

Purpose of authorization (please describe the reason):

**DELIVERY METHOD, (CHOOSE ONE):**

Fax \_\_\_\_\_  Email \_\_\_\_\_

Mail \_\_\_\_\_

**PART C. CERTIFICATION**

*I certify that the information on this form is true and accurate to the best of my knowledge, and I understand that this authorization is valid only for the single purpose described here and cannot be applied beyond the criteria outlined in this document.*

<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness Signature	Printed Name	Date

RRS USE ONLY

Date Processed: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Form revised May 2015