

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 California and Federal law 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 to for the release and disclosure of my protected sworn statements and individual OCERS records, including, any and related information about me in the possession of OCERS, its plan administrator, employees, agents and the Board of Retirement of the Orange County Employees Retirement System (OCERS), or their authorized representative, under the County Employees Retirement Law of 1937 (CERL) (Gov. Code §31450, et. seq.) Such information may be released only to the person(s) designated below:

3. My Rights: I have a right to receive a copy of this authorization.

4. Expiration of Authorization: Unless cancelled by me in writing, this Authorization shall be valid for two years from the date of signature hereon. A photographic copy of this Authorization shall be valid as the original. I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to OCERS at 2223 E. Wellington Avenue, Suite 100, Santa Ana, CA 92701. My revocation will be effective upon receipt. 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 authorization of this information release will permit the person(s) listed above to inspect, review and copy my OCERS records, for a period of two years from the date of the signature hereon.

Member Signature

Date

Note: Member must sign and date signature line.