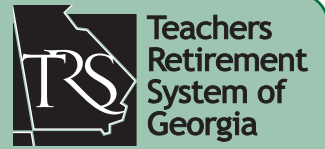


# Certification and Information Release Authorization



Use black ink only and please print clearly.

The completion of this form certifies that you are the member/retiree/beneficiary in question and authorize TRS to release your information to the person, entity or employer listed below. **A copy of a valid photo identification with a signature (i.e. driver's license or identification card issued by one of the United States, a U.S. passport, U.S. military identification card, etc.) must be submitted with this signed form.**

## Certification

The undersigned certify the following:

- ◆ I am a member/retiree/beneficiary of the Teachers Retirement System of Georgia (TRS).
- ◆ In accordance with the TRS Confidentiality Policy, information regarding my TRS account can not be released to a third party without my written authorization and signature. Further proof of identification may be required.
- ◆ If there is a power of attorney or guardian handling my affairs, the proper legal documentation must be provided to TRS to keep in its records. Furthermore, the power of attorney or guardian must authorize, in writing, with a signature that he or she consents to the release of the confidential information of the member/retiree/beneficiary.

## Authorization to Release Information

To Whom it May Concern:

- ◆ I am a member/retiree/beneficiary of the Teachers Retirement System of Georgia (TRS) or I hold a power of attorney or guardianship for a member/retiree/beneficiary of TRS.
- ◆ I authorize TRS to release information concerning my TRS account to the third party listed below. For details about the TRS Confidentiality Policy, please visit the TRS website ([www.trsga.com](http://www.trsga.com)).
- ◆ TRS may address this authorization to any party listed below.

## ▼ To Be Completed by Member/Retiree/Beneficiary/Power of Attorney/Guardian

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Member/Retiree/Beneficiary Social Security Number

I, \_\_\_\_\_ hereby authorize the Teachers Retirement System of Georgia  
*Your Name*

to release information regarding the TRS account of \_\_\_\_\_  
*Name of Member/Retiree/Beneficiary*

to \_\_\_\_\_  
*Person, Employer or Entity*

\_\_\_\_\_  
*Member/Retiree/Beneficiary Signature*

\_\_\_\_\_  
*Power of Attorney/Guardian Signature*

\_\_\_\_\_  
*Today's Date*

\_\_\_\_\_  
*Authorization Good Through Date (up to one year)*



\_\_\_\_\_  
 TRS Employee Initials      Date Verified