

# FRANKLIN REGIONAL RETIREMENT SYSTEM

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## Authorization to Release Information

Member's Name:  Date of Birth:

Member's Last Four Social Security Number:

I hereby authorize the Franklin Regional Retirement System to obtain from

Name:

Address:

payroll documentation for service (to include hours worked, days/months worked, salary information).

Dates of Service: From:  To:

The records are required for the specific purpose of calculating previous retirement service credit.

I understand that my authorization will remain effective from the date of my signature until , and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Member Signature

Date

Witness Signature

Date