



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
AUTHORIZATION TO RELEASE
INFORMATION

PLEASE PRINT

COMPLETE AND SEND TO:
 ASRS
 PO Box 33910
 Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
 Tucson (520) 239-3100
 Toll-Free (800) 621-3778
 www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings regarding the individual's account.

SECTION 1 – Member Information				
Social Security Number	Name (Last)	(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Mailing Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	State	ZIP	Date of Birth (MM/DD/YYYY)	
Personal Email Address	Primary Phone ()	Secondary Phone ()	Mobile Phone ()	

By my signature below, I hereby authorize the Arizona State Retirement System and/or its agents, to release to the following and/or his/her agents any and all data or information that may be requested concerning my Arizona State Retirement System benefits.

Name of Organization / Individual	
Name of Organization Representative (if applicable)	
Address	Telephone Number ()
City	State ZIP

Signature and Notary

Member Signature	Date
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State of Arizona)
)
 County of _____)

On this _____ day of _____, 20_____, before me personally appeared

_____(name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(seal)

 Notary Public

