

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS



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**Confidential Information
 Release Authorization**

Member Record to be Released

First name	Middle initial	Last name	Maiden	Date of birth
Social Security number		Telephone number ()	Email address	
Street address		City	State	ZIP code

Third-Party to Receive Information

Name of third party to receive information	Relationship (e.g., spouse, child, bank, retirement system, attorney)		
Telephone number ()	FAX number ()	Email address	
Street address	City	State	ZIP code

Information to be Released

Entire file, except for information prohibited by HIPAA

Benefit information for divorce

Entire file, except for information prohibited by HIPAA and (specify information you **do not** want TRS to release):

This release authorization remains in effect until (choose one):

indefinitely

_____ (fill in date)

Certification

I understand certain information in the above TRS record is confidential and that by signing this Confidential Information Release Authorization, I am waiving this protection to the extent I have provided above.

By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. Please be advised that if the TRS Board has a reasonable suspicion that a false record has been filed with the System, it is required to report the matter to the appropriate state's attorney for investigation.

Signature	Date
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