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).
- ♦ TRS may address this authorization to any party listed below.

To Be Completed by Member/Ret	iree/Beneficiary/Power of Attorney/Guardian
Member/Retiree/Beneficiary Social Security Number	OR TRS Member ID
I,	hereby authorize the Teachers Retirement System of Georgia
to release information regarding the TRS a	Name of Member/Retiree/Beneficiary
toPerso	on, Employer or Entity
Member/Retiree/Beneficiary Signature	Power of Attorney/Guardian Signature
	Authorization Good Through Date (up to one year)
	TRS Employee Initials Date Verified