



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100, COLUMBUS, OHIO 43215-3746

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AUTHORIZATION FOR RELEASE OF INFORMATION

Section 3309.22 of the Ohio Revised Code prohibits the release of a School Employees Retirement System of Ohio (SERS) individual's personal history record, and any information identifying, by name and address, the amount of a monthly allowance or benefit paid to an individual without written authorization provided by the individual concerned. This statute also provides that all medical reports and recommendations obtained by SERS are privileged and may only be made available to the individual's personal physician, attorney, or authorized agent upon written release from the individual.

This authorization shall be in effect for six months from the signature date on this form. If you want this authorization to be in effect for a period other than six months, please initial only one of the following options:

_____ This authorization shall be in effect from _____ to _____.
INITIALS (MM/DD/YYYY) (MM/DD/YYYY)

_____ This authorization shall be in effect until SERS receives a written revocation from me.
INITIALS

Select the information that you want to be released pursuant to this Authorization:

- Information regarding my **SERS account**, including service credit and benefit information.
- Information regarding my **SERS disability application**, including all medical records on file.

I hereby authorize SERS to release the above information regarding my account to:

NAME OF PERSON TO RELEASE INFORMATION TO

RELATIONSHIP TO YOU

YOUR PRINTED NAME

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER

YOUR SIGNATURE

DATE