



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

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

RELEASE OF ACCOUNT INFORMATION

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

_____	_____
NAME	RELATIONSHIP
_____	_____
PRINT NAME	SIGNATURE
_____	_____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	DATE

RELEASE OF MEDICAL INFORMATION

If you are authorizing medical records and/or recommendations obtained by SERS to be released to an attorney, physician or authorized agent, the following section must be completed. I hereby authorize SERS to release any medical records and/or recommendations to:

_____ NAME

who is my attorney, physician, or authorized agent.

_____	_____
PRINT NAME	SIGNATURE
_____	_____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	DATE