

Authorization to Release Records



This authorization expires the earlier of _____ or one year.

Please check one:

I authorize the Highway Patrol Retirement System (HPRS) to release all information that is part of my personal history record to the individual/entity named below.

I authorize the Highway Patrol Retirement System (HPRS) to release the following limited information that is part of my personal history record to the individual/entity named below.

Specify information to be released _____

Information to be provided to _____

Name _____ XXX-XX-_____
Last 4 digits of Social Security #

Signature _____ Date

Mailing address _____

201306