

FRANKLIN REGIONAL RETIREMENT SYSTEM

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Authorization to Release Information

Member's Name: Date of Birth:

Member's Last Four Social Security Number:

I hereby authorize to release the following record(s) in my file:

Detail payroll to include number of hours per week and hourly wage.

is authorized to release the information to the following person:

Name:

Address:

Phone/Fax:

Secure Email:

I understand that my authorization will remain effective from the date of my signature until and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication. I have read and understand the nature of this release.

Member Signature

Date

Witness Signature

Date