## **Retiree/Survivor Directory Opt-In**



The purpose of this form is to grant HPRS permission to include certain information in the Retiree/Survivor Directory. This directory can be accessed only by HPRS members, staff, and OSHP authorized personnel.

Member Information				
Last Name		First Name	Middle Initial	
Street Address				
City		State	Zip Code	
Home Phone		Ce	Cell Phone	
Email Address				
Authorization				
Include all of the information below in the directory Do not include any of my information in the directory				
Or, I elect to have only the following information included in the directory (check all that apply):				
Address		Month & Day of Birth		
Home Phone		Academy Class		
Cell Phone		Retirement Month & Year		
Email Address				

Your signature is required below to authorize HPRS to include the information specified above in the Retiree/ Survivor Directory. If assistance is needed, please contact HPRS at 614.431.0781.

Signature Date