



# 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.

<p><b>Specify information to be released:</b> _____</p> <p>_____</p> <p>_____</p>
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**Information to be provided to:**

**By:**  Mail  Email  FAX (Choose One)

_____	_____
Name	Mailing Address
_____	_____
Email Address	Fax Number

## Authorization

_____	_____	_____
Last Name	First Name	Middle Initial
_____		
Street Address		
_____	_____	_____
City	State	Zip Code
XXX-XX-_____	_____	_____
Last 4 digits of SSN	DOB	Home Phone #
_____	_____	_____
Email Address	Cell Phone #	
_____	_____	
▶ _____	▶ _____	
Signature	Date	