



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: _____ _____ _____
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Information to be provided to:

Name Address

Name Address

Authorization:

Last Name First Name Middle Initial

Street Address

City State Zip Code

XXX-XX-SSN DOB Home Phone

Email Address Cell Phone

▶ _____
Signature Date