



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 Address

Name Address

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