

**Teachers' Retirement System
Authorization for Release of Information**



PO Box 9000
Tallahassee FL 32315-9000
(850) 488-5207
Toll Free: (877) 377-4347

Student SSN _____ Member SSN _____
Student Name _____ Member Name _____

I hereby authorize any accredited educational institution to release my complete dates of enrollment to the Division of Retirement, State of Florida upon request by said Division.

Date _____ Signature _____

Date _____

Signature of parent or court-appointed guardian, if student is under the age of majority