

**Florida Retirement System Pension Plan
Authorization for Release of Information**

PO Box 9000
Tallahassee FL 32315-9000
850-907-6500
Toll Free: 844-377-1888



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