

Florida Retirement System
Authorization for Release of Information



PO Box 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Student SSN _____ Member SSN _____

Student Name _____ Member Name _____

I hereby authorize any accredited educational institution to release my enrollment information, including enrollment and anticipated graduation dates. Please provide my enrollment information to the Florida Department of Management Services, Division of Retirement upon request.

Student Signature _____ Date _____

If the student is under the age of 18, a parent or court appointed guardian must sign below.

Parent or Court Appointed Guardian Name _____

Signature _____ Date _____