Montana
Teachers' Retirement System
1500 East Sixth Avenue
P.O. Box 200139
Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

TRS Office Use Only

FORM 136: AUTHORIZATION FOR RELEASE OF INFORMATION

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

By my signature below, I, (check only one)

☐ the member/benefit recipient identified in Part A, or,

☐ the guardian/attorney-in-fact of the member/benefit recipient identified in Part A,

authorize the Montana Teachers' Retirement System (TRS) to release private information of the member/benefit recipient to the person/entity identified in Part B as set forth under Part C.

Part A: Member/Benefit Recipient

Full Name: First Middle Last Suffix

Birth Date (mm/dd/yyyy)

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

X X X - X X - __ __ __ __
Social Security Number

( )
Telephone Number

Part B: Person/Entity to Receive Member/Benefit Recipient's Private Information

Entity's Full Name: First Middle Last Suffix

Relationship

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

( )
Telephone Number

Part C: Types of Information to be Disclosed

Check only (a) and its subparts or (b):

a. ☐ TRS is authorized to disclose any and all private information pertaining to Member/Benefit Recipient, including but not limited to: information pertaining to past or current employment and/or compensation; eligibility for, elections, or designations related to, or payment of benefits from TRS; and correspondence and other communications with TRS; except that TRS is authorized to disclose the following types of information only if checked:

- ☐ Bank account information
- ☐ Medical records or disability determination information (other than disability retirement status)
- ☐ Divorce decrees/court orders related to a family law order filed with TRS

b. ☐ TRS is authorized to disclose only the following specific information: _____ .

Part D: Signature

If signature is of a legal guardian or attorney-in-fact under a Power of Attorney, a copy of a valid Order of Guardianship (except parent of a minor child) or Power of Attorney must be on file with TRS or must be submitted with this Authorization, and the additional information required below must be completed.

Signature of Member/Benefit Recipient/Parent/Legal Guardian/Attorney-in-Fact

Date

Printed Name of Legal Guardian or Attorney-in-Fact (First, Middle, Last)

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

( )
Telephone Number

Revocation – You may revoke this authorization to disclose private information at any time by providing written notice of revocation to TRS, which notice must include the full name of the Member/Benefit Recipient and the name of the person/entity authorized to receive private information. A revocation of this authorization will not be effective with respect to disclosures already made by TRS in reliance on this authorization. PLEASE KEEP A COPY FOR YOUR RECORDS.