



Fire and Police Pension Association
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www.FPPAco.org

FPPA RECORDS RELEASE FORM

It is FPPA's policy not to release private information contained in your FPPA file without your consent. If you wish to have such information released please complete this *Records Release Form* indicating what type of information may be released and to whom. This release must be completed and signed in the presence of a notary.

FPPA RECORDS RELEASE

I, the undersigned member of the Fire and Police Pension Association, hereby authorize FPPA to release the following information contained in my member file:

TYPE OF INFORMATION _____
Release to _____
person(s) requesting the information
Address _____

This authorization expires six months from date signed or until revoked, if earlier.

Printed Name of Member _____

Address of Member _____

Signature of Member _____

Member's Social Security Number _____

Date _____

For Notary Use Only

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, 20____.

Witness my hand and official seal.

My commission expires: _____.

Notary Public
(seal)