



Fire & Police Pension Association
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 FPPAco.org

FPPA RECORDS RELEASE FORM

Per FPPA Policy, we will not release private information from 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, and the original must be returned to FPPA.

FPPA RECORDS RELEASE

I, the undersigned Member of the Fire & 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

Mailing Address _____

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

Member Name (Printed) _____

Member Mailing Address _____

Member Signature _____

Member Social Security Number XXX - XX - (last 4 digits only)

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)