## Authorization to Release Records

This authorization expires the earlier of		or one year.	
Please check one: <ul> <li>I authorize the Highway Patrol Retirement System (HPRS) to release <u>all</u> information that is part of my personal history record to the individual/entity named below.</li> </ul>			
I authorize the Highway Patrol Retirement System (HPRS) to release the following <u>limited</u> information that is part of my personal history record to the individual/entity named below.			
Specify information to be released:			
Information to be provided to:			
Name	Address	Address	
Name	Address	Address	
Authorization:			
Last Name	First Name	Middle Initial	
Street Address			
City	State	Zip Code	
XXX-XX- SSN DOB		Home Phone	
Email Address		Cell Phone	
►Signature		Date	

