



40-121, (ROI-3)

AUTHORIZATION FOR RELEASE OF RETIREMENT ACCOUNT INFORMATION

This form should be completed and filed with STRS Ohio when the release of confidential information as described below is desired. Please allow three weeks for copying or certification of records. If you have questions as you complete this form, an STRS Ohio member service representative will be happy to assist you — just call toll-free 1-888-227-7877.

Release of personal information (not including medical information)

Section 3307.20 of the Revised Code and Section 3307-1-03 of the Administrative Code specifically prohibit the release of the following information to a “third party” unless written authorization is provided by the member or retiree:

- Any record identifying the amount of a benefit paid or payable to any person, and
- Any record identifying the service history or service credit of a member, retiree or the dependents or beneficiaries of a member or retiree.

To release personal information described above to an authorized agent or other third party, complete Sections 1 and 2.

To release personal information described above to an attorney, complete Sections 1 and 3.

Release of medical reports and recommendations

Medical reports and recommendations obtained by STRS Ohio for the purpose of determining disability benefits under Sections 3307.62, 3307.64 and 3307.66, R.C., are privileged, except that copies of such medical reports and recommendations shall be made available to the member’s personal physician, attorney, authorized agent or other third party, upon written release by the member.

To release medical reports and recommendations to an authorized agent or other third party, complete Sections 1, 2 and 5.

To release medical reports and recommendations to an attorney, complete Sections 1, 3 and 5.

To release medical reports and recommendations to a personal physician, complete Sections 1, 4 and 5.

SECTION 1 — General Information

Member’s name _____

Address _____

Social Security number _____ E-mail address _____

I authorize the person or firm named below to make inquiry and receive information regarding my retirement account until the earlier of _____, or six months from the signing of this authorization.

Date

I understand that if I wish to extend the authorization beyond the expiration date, it will be necessary for me to file a new authorization form with STRS Ohio.

I understand that Section 3307.20, R.C., permits medical records to be released only to a physician assigned by the State Teachers Retirement Board or, upon my written release, to my personal physician, attorney, authorized agent or other third party.

Member’s signature

Date

SECTION 2 — Release Information to Authorized Agent or Other Third Party

Name _____

Title _____

Address _____

Phone (_____) _____
Area code

SECTION 3 — Release Information to Attorney

Name _____

Firm _____

Address _____

Phone (_____) _____
Area code

SECTION 4 — Release Information to Personal Physician

Name _____

Address _____

Phone (_____) _____
Area code

SECTION 5 — Release of Medical Information

If copies of medical records are to be released to your physician, attorney, or authorized agent or other third party, the following information must be completed.

If applicable, please list the date of examination and name of the STRS Ohio-appointed physicians whose reports and recommendations you are requesting:

PHYSICIAN'S NAME

EXAMINATION DATE

