Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 1-888-864-8363
Fax: (847)239-5193
www.op–f.org

AUTHORIZATION TO RELEASE RECORDS

(other than medical records)

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you want OP&F to release any personal record that is deemed confidential under Ohio law. Records that are specifically excluded from inspection under Ohio law are records relating to:

- your family;
- address;
- employment history;
- salary history;
- pension amount;
- disability benefit amount;
- benefit application status; and
- medical records.

This authorization will remain in effect for the term of one year from the date you sign it, unless you rescind it in writing.

If you wish to release your medical records, please complete an *Authorization to Release Medical Records* form, but note that medical records can only be released to you, your attorney, personal physician, or designated agent. Please complete a *Designation of Agent* form to designate someone as an agent.

For more information, please contact OP&F Customer Service for assistance.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)

Social Security Number

Street Address / Post office box

Date of birth

City, State, ZIP code

Phone number	Alternate telephone:	Email:

Section B: Release of records

Person or Organization

Street Address / Post office box

City, State, ZIP code

Phone number	FAX number	Email:

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Section C: Type of record to release

Select which records you wish OP&F to release to the person listed in section B:

- ❑ Address
- ❑ Annuity payment plan
- ❑ DROP ledger
- ❑ Contribution history only
- ❑ Family information
- ❑ Gross monthly pension benefit amount/COLA amount or calculation
- ❑ Gross DROP amount
- ❑ Retiree check history
- ❑ Service credit only
- ❑ Salary history only
- ❑ Status of my application
- ❑ Member account detail report
- ❑ Membership dates (i.e. date of entry and effective date of retirement)
- ❑ Other_____
- ❑ Other_____
- ❑ Other_____
- ❑ Other_____
- ❑ Other_____

Section D: Signature and acknowledgement

I, the member described in Section A of this *Authorization to Release Records (other than medical records)* form, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to authorize OP&F to release any information concerning the records I selected in Section C of this form to the person or organization named in Section B; I understand and agree that this authorization will be in effect for the term of one year from the date it is signed by me, unless I rescind it in writing; and waive my rights to any claim against OP&F, its employees, or the Board of Trustees which may result from the release of this information.

Signature: ▶	Date of signature:

Section E: Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of _____, County of _____, ss:

The foregoing *Authorization to Release Records (other than medical records)* form was acknowledged before me by the person named in the foregoing Section A, this _____ day of _____ , 20_____.

Affix Seal here	Notary's signature: ▶
	Print name:
	My commission expires:

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