

## AUTHORIZATION FOR DISCLOSURE OF CCCERA MEMBER RECORDS

Completion of this document authorizes the disclosure and/or use of individually identifiable records of the CCCERA member, as set forth below, consistent with California and Federal law concerning the privacy of such information. **Failure to provide all information requested may invalidate this Authorization.**

### 1. Member Information:

Last Name:	First Name:	M.I.	Social Security Number:

2. **Records Release:** Pursuant to Govt. Code § 31532, I hereby give my written consent and authorization for the release and disclosure of my protected sworn statements and individual CCCERA records under County Employees Retirement Law of 1937 ("CERL") (Govt. Code § 31450, et seq.) Such information may be released only to the person(s) designated below:

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3. **Validity and Revocation:** Unless canceled by the CCCERA Member in writing, this Authorization shall be valid for two years from the date of signature hereon. A photocopy of this Authorization shall be valid as the original. The CCCERA Member can revoke this Authorization at any time. The revocation must be made in writing, and delivered to CCCERA at 1355 Willow Way, Suite 221, Concord CA 94520. The revocation will be effective upon actual receipt by CCCERA.

I have read the above and I fully understand that my authorization of this information release will permit the person(s) listed above to inspect, review and copy my CCCERA records, for a period of two years from the date of signature hereon.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**Note: Member must sign and date signature line.**

