STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO

275 East Broad Street
Columbus, OH 43215-3771
888-227-7877
www.strsoh.org

AUTHORIZATION FOR RELEASE OF RETIREMENT ACCOUNT INFORMATION

This form should be completed and provided to STRS Ohio to authorize STRS Ohio to release confidential information as described below. Please allow three weeks for copying or certification of records. Medical reports and recommendations will be sent by mail only. If you have any questions, please call STRS Ohio's Member Services Center toll-free at 888-227-7877.

Release of personal information (not including medical information)

Sections 1 and 2 must be completed to authorize release of personal information described below to an authorized agent or attorney.

Section 3307.20 of the Revised Code and Administrative Code Rule 3307-1-03 specifically prohibit the release of any part of a member's or benefit recipient's personal history record including the following information to a "third party" unless written authorization is provided by the member or benefit recipient:

- Any record identifying the amount of a benefit paid or payable to any person or the account balance;
- Any record identifying the service history or service credit of a member, benefit recipient or the dependents or beneficiaries of a member or benefit recipient; and
- Any record that includes a member's or benefit recipient's address, email address, phone number, Social Security number or correspondence with STRS Ohio.

Release of medical reports and recommendations

Sections 1, 2 and 3 must be completed to authorize release of medical reports and recommendations to a personal physician, attorney or authorized agent. If you would like medical reports and recommendations to be sent to an authorized agent, the agent must also provide a signed letter stating they accept the responsibility of receiving your medical information.

Medical reports and recommendations obtained by STRS Ohio for the purpose of determining disability or survivor benefits under Sections 3307.48, 3307.62 or 3307.66, R.C., are privileged, except that copies of such medical reports and recommendations shall be made available to the member's or individual's personal physician, attorney or authorized agent, upon written release by the member or individual. No medical report or recommendation shall be released to the individual concerned.

Section 1 — General Information

Member's or individual's name______________________________

Address ______________________________

Member's Social Security number or STRS Ohio account number ______________________________

Email address ______________________________

(continued)

Section 2 — Release of Information

❑ Personal physician ❑ Attorney ❑ Authorized agent

Name ______________________________ Title ______________________________

Address ______________________________

Phone (________) ______________________________ Fax (________) ______________________________
Area code Area code

Email address ______________________________

❑ Personal physician ❑ Attorney ❑ Authorized agent

Name ______________________________ Title ______________________________

Address ______________________________

Phone (________) ______________________________ Fax (________) ______________________________
Area code Area code

Email address ______________________________

❑ Personal physician ❑ Attorney ❑ Authorized agent

Name ______________________________ Title ______________________________

Address ______________________________

Phone (________) ______________________________ Fax (________) ______________________________
Area code Area code

Email address ______________________________

Section 3 — Release of Medical Information

If medical reports and recommendations under Sections 3307.48, 3307.62 or 3307.66, R.C., are to be released to your physician, attorney or authorized agent, one of the following options must be selected.

❑ By checking this box, I authorize STRS Ohio to release to the person(s) listed in Section 2, **all medical reports and recommendations** under Sections 3307.48, 3307.62 or 3307.66, R.C.

❑ By checking this box, I authorize STRS Ohio to release to the person(s) listed in Section 2, all disability correspondence related to my current disability application or disability reexamination process.

❑ By checking this box, I authorize STRS Ohio to release to the person(s) listed in Section 2, the **specific medical reports and recommendations** under Sections 3307.48, 3307.62 or 3307.66, R.C., listed below. List the date of the examination and the name of the STRS Ohio-appointed physician(s) whose reports and recommendations are to be released.

PHYSICIAN'S NAME	EXAMINATION DATE

I authorize the person(s) named in Section 2 to make inquiry and receive personal information regarding my retirement account. This authorization will automatically expire six months from the date this form was signed **OR** on an earlier date which I have provided here ______________________________.
Provide earlier expiration date

I understand if I want to extend the authorization beyond a six-month period, I must complete and provide a new authorization form to STRS Ohio. I also understand Section 3307.20, R.C., permits medical reports and recommendations to be released only to a physician assigned by the State Teachers Retirement Board or, upon my written authorization, to my personal physician, attorney or authorized agent.

______________________________ ______________________________ ______________________________
Signature Print name Date