



Montana Teachers' Retirement System

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TRS Office Use Only

FORM 136: Authorization for Release of Information

Alternative accessible formats of this document will be provided upon request.

By my signature below, I,

(check only one)

the member/benefit recipient identified in Part A, or

the guardian/attorney-in-fact of the member/benefit recipient identified in Part A,

authorize the Montana Teachers' Retirement System (TRS) to release the TRS member/benefit recipient's private information (as set forth in Part C) to the person/entity identified in Part B.

Part A: TRS Member/Benefit Recipient Information

Full Name: First	Middle	Last	Suffix (<i>Jr., Sr., etc.</i>)	XXX-XX-
				Social Security Number
Maiden or Other Name Previously Reported to TRS		Date of Birth	Telephone Number	
Mailing Address – Street or P.O. Box		City	State	ZIP (use ZIP+4 if known)

Part B: Person/Entity to Receive Member/Benefit Recipient's Private Information

Entity's Full Name: First	Middle	Last	Suffix	Relationship
Mailing Address – Street or P.O. Box				Telephone Number
City		State	ZIP (use ZIP+4 if known)	

Part C: Types of Information to be Disclosed – Check only (a) and its subparts, or (b):

- (a) TRS is authorized to disclose any and all private information pertaining to Member/Benefit Recipient, including but not limited to: Information pertaining to past or current employment and/or compensation; eligibility for, elections, or designations related to, or payment of benefits from TRS; and correspondence and other communications with TRS; except that TRS is authorized to disclose the following types of information only if specified below:
- Bank account information Medical records or disability determination information (other than disability retirement status)
- Divorce decrees/court orders related to a Family Law Order filed with TRS
- (b) TRS is authorized to disclose only the following specific information: _____

Part D: Authorization Period – Check only one:

- 60 days 90 days Until (date): ____/____/____ Indefinitely

Part E: Signature

NOTE: If signed by a legal guardian or attorney-in-fact under a Power of Attorney, a copy of a valid Order of Guardianship or Power of Attorney must be on file with TRS or must be submitted with this Authorization, and the additional information requested below must be provided.

Signature of Member/Benefit Recipient/Parent/Legal Guardian/Attorney-in-Fact	Date		
Printed Name (<i>First, Middle, Last</i>) of Legal Guardian or Attorney-in-Fact	Telephone Number		
Mailing Address – Street or P.O. Box	City	State	ZIP (use ZIP+4 if known)

REVOCAION – You may revoke this authorization to disclose private information at any time by providing written notice of revocation to TRS, which must include the full name of the Member/Benefit Recipient and the name of the person/entity authorized to receive private information. A revocation of this authorization will not be effective with respect to disclosures already made by TRS in reliance on this authorization. PLEASE KEEP A COPY FOR YOUR RECORDS.