



**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL RETIREMENT INFORMATION**

Member's Name	RAIN ID
Address	City, State Zip
Phone Number	Email

The Wyoming Retirement System (WRS) requires your written consent to release your confidential account information to anyone other than yourself. For your protection, if you would like anyone other than you to be able to obtain specific account information, please complete and return this form to the WRS.

Please note, this form only authorizes the release of information; it does not give authorization to make changes to your account. Only you or an agent authorized by a Power of Attorney can request changes to your account.

I authorize the Wyoming Retirement System to release my retirement account information to:

\_\_\_\_\_

Name of *Individual or Agency Name*

**REQUIRED SIGNATURE (must be signed in front of a notary)**

I understand that I may, at any time, withdraw this directive as long as I do so in writing.

▶ \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ by  
(*Survivor's name*) \_\_\_\_\_, to be the person whose  
name is subscribed above.

Seal:

Witness my official hand and seal.

Notary Public Signature \_\_\_\_\_

Notary Public Print Name \_\_\_\_\_

Commission expires: \_\_\_\_\_

**WRS Office Use Only**

Date Received