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AUTHORIZATION FOR RELEASE OF INFORMATION (265)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
TEACHERS' FUND FOR RETIREMENT DIVISION
SFN 11727 (2-2022)

Member's Name (First, Middle, Last)	Person ID <i>(For office use only)</i>	Date of Birth	
Primary Mailing Address	City	State	ZIP Code (9-digit)

To Whom It May Concern:

I authorize the release and disclosure of the following confidential information:

- All TFFR and medical records
- TFFR records only
- Medical records only
- Other

The information may be released to the North Dakota Retirement and Investment Office, or its authorized agents, or the following individual or agency:

Name	Telephone Number		
Mailing Address	City	State	ZIP Code

A copy of this authorization may be accepted as an original. This authorization remains in effect until revoked by me through written notice.

RETURN TO:

ND Retirement and Investment Office
PO Box 7100
Bismarck ND 58507-7100

Telephone: 701-328-9885
Toll free: 800-952-2970
Fax: 701-328-9897
Email: rio@nd.gov

Member's Signature
Date