



AUTHORIZATION FOR RELEASE OF INFORMATION (265)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
TEACHERS' FUND FOR RETIREMENT DIVISION
SFN 11727 (11-2019)

Member's Name (First, Middle, Last)		Person ID	
Mailing Address	City	State	ZIP Code

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
3442 East Century Avenue
PO Box 7100
Bismarck ND 58507-7100
Telephone: 701-328-9885
Toll free: 800-952-2970
Fax: 701-328-9897
www.nd.gov/rio

Member's Signature
Date

This form is available in an alternate format upon request.