



33 Plaza La Prensa, Santa Fe, New Mexico 87507  
(505) 476-9401 fax (505) 476-9300 voice  
(800) 342-3422 Toll-Free  
[www.nmpera.org](http://www.nmpera.org)

## AUTHORIZATION TO RELEASE INFORMATION FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required Fields are in ***BOLD ITALICS***

### TO PERA MEMBER:

Please complete and sign the authorization and return it to PERA with your application.

*I authorize the release of any and all records and information that PERA may request from any source for the purpose of evaluating my disability application. This release includes but is not limited to records and information concerning my medical and/or psychological condition, my ability to work or be retrained, and other benefits and services for which I have applied or which I am receiving from agencies such as the Social Security Administration, Worker's Compensation and the Department of Vocational Rehabilitation. For purposes of obtaining this information, a photocopy of this authorization is as valid as the original.*

*I understand this authorization will remain valid as long as I continue to receive a disability retirement benefit.*

**Member's Name** (Please Print) \_\_\_\_\_

**Social Security Number or PERA ID Number** \_\_\_\_\_

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Daytime Telephone Number** (\_\_\_\_\_) \_\_\_\_\_

The member named above is applying for a PERA disability retirement. To be considered, the member must provide PERA with a complete medical and/or psychological history and a current doctor's narrative on him/her. In addition, a copy of all medical or psychological records relating to examinations or treatments relating to this applicant's claim for disability retirement. If available, include office notes, hospital history, physical history, discharge summary, and X-ray, pathology and consultation reports.

**The member must sign this form in the presence of a notary.**

State of New Mexico	)	
	)	SS:
County of _____	)	
Signed and sworn to (or affirmed) before me by _____ on this the ____ day of _____, _____.		
My Commission Expires _____	Notary Public Telephone No _____	- _____ - _____
Notary Signature _____		