

**NEW MEXICO EDUCATIONAL RETIREMENT BOARD
AUTHORIZATION FOR RELEASE OF INFORMATION**

To NMERB Member:

Please complete and sign the authorization. Make Copies. Return original Authorization For Release Of Information (Authorization) to NMERB along with your Disability Application. Mail a copy of this Authorization to each of your treating physician(s). Forward copies only of all medical/psychiatric records to (NMERB does not accept originals):

**New Mexico Educational Retirement Board
Attention: Legal
701 Camino De Los Marquez
Santa Fe, New Mexico 87504**

I authorize the release of any and all records and information that the New Mexico Educational Retirement Board (NMERB) may request from any source for sole the purpose of evaluating my Disability Application. This release includes but is not limited to records and information regarding my medical and/or psychological condition, and my ability to work. 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 benefit.

Member's Full Name: _____

Address: _____ City: _____ State: _____

Daytime Telephone Number: _____ D.O. B.: _____

The member named above is applying for NMERB disability retirement. In order to be considered, NMERB must receive a complete medical and/or psychological history and report on him/her. In addition please send a copy of all medical or psychological records relating to examinations, treatments, a signed Statement of Disability (must be signed by physician only) relating to applicants claim of disability retirement. If available, include hospital notes, office notes, discharge summary and X-ray, and pathology services.

Member:

Please initial the option below corresponds with the location you want the records sent to.

_____ Please mail records to the above named Member at the address provided above.

_____ Please mail a copy of all records to the ERB at the address stated above.

Member Signature: _____ Date: _____