

STATE OF NEW MEXICO
Educational Retirement Board

701 CAMINO DE LOS MARQUEZ
P.O. BOX 26129
SANTA FE, NEW MEXICO 87502-0129
PHONE: (505) 827-8030
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STATEMENT OF RELEASE

TO: Educational Retirement Board
701 Camino de los Marquez
P.O. Box 26129
Santa Fe, NM 87502
(505) 827-8030 Fax: (505) 827-1855

I, _____, a member of ERA, do hereby authorize the Educational Retirement Board to release information regarding my account, to include a statement of my account, a history of contributions, and terms and conditions of my retirement options to the following individual or designated agent.

Name

Address

City, State, Zip Code

Thank you for your attention to my request.

Social Security Number: _____

Date: _____ Signature: _____