



RECORDS RELEASE  
AUTHORIZATION

Ver. 06/12/2019

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<b>Name:</b>	<b>Employee#:</b>
<b>E-mail:</b>	<b>SSN (last 4):</b> XXX-XX-
<b>Contact Phone#:</b>	<b>Date of Birth:</b>

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By my signature below I do hereby authorize Houston Police Officers' Pension System (HPOPS) to furnish any and all financial, pension, and/or retirement records including my name, address, employee number and Social Security number, relating to my interest in HPOPS to:

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Phone#:** \_\_\_\_\_

I do further hereby release HPOPS, its Board of Trustees and any and all employees from any liability in releasing the above-identified information to the person(s) I have named above.

**\*\*This Records Release Authorization form is only valid for one year from the date it is signed. All documents furnished to the above person(s) will also be provided to the member.\*\***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Return Completed Form to:**  
Houston Police Officers' Pension System  
602 Sawyer Street #300  
Houston, TX 77007

**Or Fax Form to:**  
(713) 869-7657

**Questions:**  
(713) 869-8734  
www.hpops.org  
info@hpops.org