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## Member Authorization for Income Verification

Please type or print in ink all entries except signatures.

This form is to be used to authorize LSERS to release income information to third parties.

<b>Section 1 - Member Information</b>				
Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number
Address (Street/P. O. Box)			Primary Telephone Number	
City, State, and Zip Code			Secondary Telephone Number	
<b>Section 2 - Member Authorization</b>				
I authorize Louisiana School Employees' Retirement System (LSERS) to release my retirement income and other pertinent benefit information to _____ .				
Signature of Member (Do not print or type)		Member's Date of Birth		Date Signed (MM/DD/YYYY)
		/ /		