



8660 United Plaza Blvd. (70809), P.O. Box 44516, Baton Rouge, Louisiana 70804-4516  
Phone: 225.925.6484, Toll-free: 1.800.256.3718, Fax: 225.922.1001, www.lasers.net


Form 18

1/12

## 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.

Section 1 - Member Information				
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	
Section 2 - Member Authorization				
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)