



Fire and Police Pension Association  
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www.FPPAco.org

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## FPPA RECORDS RELEASE FORM

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It is FPPA's policy not to release private information contained in your FPPA file without your consent. If you wish to have such information released please complete this *Records Release Form* indicating what type of information may be released and to whom. This release must be completed and signed in the presence of a notary, the original must be returned to FPPA.

### FPPA RECORDS RELEASE

I, the undersigned member of the Fire and Police Pension Association, hereby authorize FPPA to release the following information contained in my member file:

TYPE OF INFORMATION \_\_\_\_\_  
Release to \_\_\_\_\_  
*person(s) requesting the information*  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization expires six months from date signed or until revoked, if earlier.

Printed Name of Member \_\_\_\_\_  
Mailing Address of Member \_\_\_\_\_  
\_\_\_\_\_  
Signature of Member \_\_\_\_\_

Member's Social Security Number XXX - XX -  (last 4 digits only)

Date \_\_\_\_\_

### For Notary Use Only .....

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(seal)