District of Columbia Retirement Board (DCRB)
Benefits Department
900 7th Street, NW, 2nd Floor •Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

Authorization for Release of Confidential Information

Your retirement information is personal and confidential under District of Columbia law and cannot be released to a third-party without your authorization or a court order.

This form does not authorize release of information other than that specifically described below. DCRB does not release bank account information or details of approved qualified domestic relations orders.

Section I: Member Information

Name: ____ Date of Birth: ____________________
(Please print your full name.)

Employee ID or Social Security Number: ______________________ Phone Number: _____-_____-______

Mailing Address: ____
Street City State Zip Code

Email: ____

Retired: ❒ Police Officer ❒ Firefighter ❒ Teacher

Section II: Authorization to Release Information

I hereby request and authorize DCRB to release the following information to:

Name: ____
(Please print full name of individual you are authorizing information to be released.)

Mailing Address: ____
Street City State Zip Code

Phone Number: _____-_____-______ Relationship: ______________________________________

Reason for Release: ____

Information to be Released: ____

Section III: Member Certification

Only the member can request a release of information. Your signature must be witnessed by a non-interested party.

I certify that this authorization has been made voluntarily, and I hereby waive any right of privacy or confidentiality that I might otherwise have to the information released. This authorization will expire sixty (60) days from the date of my signature unless I instruct DCRB differently in writing.

Member Signature: ____ Date: _______________________

Witness Signature: ____ Date: _______________________