

Data request form about yourself

After you make a request for data about yourself or someone for whom you are the parent or legal guardian, TRA will ask you to confirm your identity.

Date*

***Required field**

First Name*

Last Name*

Street Address

City

State/Province

ZIP/Postal Code

Country

Phone Number

Email

Requested Data – Please be as specific as possible.*

Preferred method to receive responsive data*

Email

Mail

Inspect at TRA office in St. Paul, MN

Submit this completed form through one of the following methods.

Email: datarequest@minnesotatra.org

Mail: Data Practices Compliance Official
Teachers Retirement Association
60 Empire Drive, Suite 400
St. Paul, MN 55103

This document can be made available in alternative formats to individuals with disabilities by calling 800-657-3669 or through the Minnesota Relay Service at 800-627-3529.