



Teachers Retirement Association

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New York, NY 10008-4000
651.296.2409 • 651.657.3099 FAX • 800.822.8822 TTY

Submit to TRA by mail or FAX (original is not required).

Release of Medical Information

Member Name		Social Security Number	TRA Number
Address			
City	State	Zip	Telephone

I authorize and direct any physician, chiropractor, psychologist, hospital, clinic or other organization to release to the Teachers Retirement Association all information that they may possess including, but not limited to, medical treatment and examinations, laboratory tests and results, X-rays and hospital and medical charts and reports regarding medical care or professional services provided on my behalf.

A photocopy of this authorization is as effective and valid as the original.

Signature	Date
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