



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

### Release of Medical Information

Member Name	TRA Number
Address	Telephone Number

I authorize and direct any physician, chiropractor, psychologist, hospital, clinic or other organization to release to the Teachers Retirement Association and/or medical advisors 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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