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Termination retirement statement and release

Required submission with application for termination retirement benefits

SECTION 1			
APPLICANT DATA	a) Social Security numberXXX-XX-XXXX		
	b) MTRS member number, if known		Not known
	c) Name Last		
	First		MI
	d) Gender	M F	
	e) Former/maiden name, if applicable		Not applicable
	f) Date of birthmm/dd/yyyy		
	g) Mailing address Number and street		
	City	State	e ZIP
	h) Home phone number	_	
	i) Daytime phone number	_	ext.
SECTION 2	j) Former employer		
FOR TERMINATION	for termination retirement benefits. If necessary, a		
SECTION 3			
APPLICANT'S STATEMENT, AUTHORIZATION	I, the above-named applicant for termination retirement benefits, certify under the penalties of perjury that the statements made herein, and on the materials accompanying this statement, if any, are true and accurate to the best of my knowledge and belief.		
FOR RELEASE OF	Additionally, I hereby authorize: the Massachusetts Teachers' Retirement System to submit this release to, and to request all applicable 		
RECORDS	records from, my former employer named above; and,		
AND SIGNATURE	my former employer named above to release to the Massachusetts Teachers' Retirement System any and all information, reports and records it may have in my personnel file, or in any other file pertaining to my employment. The scope of this authorization includes the release and copying of such information, including but not limited to: my performance evaluations for the last three years, any settlement agreements, any correspondence or documents related to my employment.		
	A photocopy of this document, including my signature, shall be as valid and effective as the original.		
	Applicant's Signature	Date	