Revised 9-01-11

RECORDS RELEASE AUTHORIZATION--RETIREMENT BENEFITS

EMPLOYEE'S NAME: _____

EMPLOYEE'S SOCIAL SECURITY NUMBER: XX-XXX-_____

EMPLOYEE'S PERSONNEL ID NUMBER: _____

TO: Executive Director or designee
Fire and Police Pension Fund, San Antonio (the "FUND")
11603 W. Coker Loop, Suite 201
San Antonio, Texas 78216

You are requested to supply the following information to ***[Name and Address of Attorney]:***_____

I hereby authorize the Fund to release to the attorney identified above, or any individual submitting a request on behalf of such attorney, all requested information pertaining to my contributions to the Fund or any of my benefits as a member of the Fund, or both.

I agree to indemnify and hold the Fund harmless from and against any claims, causes of action, liabilities, damages or expenses incurred by or asserted against the Fund as a result of disclosure of information by the Fund made in good faith pursuant to this authorization.

SIGNED on _____, 20 ___.

_____

STATE OF TEXAS §

COUNTY OF BEXAR §

This instrument was acknowledged before me on _____, 20___, by _____.

_____
Notary Public, State of Texas

For information related to divorces and Qualified Domestic Relations Orders, click on this link:
http://www.safireandpolicepension.org/Pub_PensionNews.aspx?ArticleID=68