

Employer's Request for Information

Retirement Board

Please place your address and phone number here.

Member's Name

Last Name

First

M.I.

Title/Position

Agency or Department

Please list the information requested. Be specific.

Acknowledgment

I understand that by being granted access to a member's personal information, I am consenting to observe the provisions of M.G.L. c. 66A and 840 CMR 6.08 applicable to holders of personal data, and I further agree that the information I am requesting has a direct bearing on the member's present, former, or prospective employment by this employer. I further agree that I will not disseminate any personal data I receive except as permitted by M.G.L. c. 66A or 840 CMR 6.00.

Signature

Employer's Name (Please print)

Title

Name of Department/Agency

Employer Signature

