North Carolina
Total Retirement Plans

Form **MR**
Authorizing the Release of Medical Records

Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME		SUFFIX
MAILING ADDRESS				SSN
CITY	STATE	ZIP CODE	TELEPHONE NO.	MEMBER ID
E-MAIL ADDRESS				DATE OF BIRTH

Section B. Please check the retirement system that applies.

- ☐ Teachers' and State Employees' Retirement System
- ☐ Local Governmental Employees' Retirement System
- ☐ Consolidated Judicial Retirement System
- ☐ Legislative Retirement System

Section C. Please give the name of the person to which we are to release the medical records.

NAME/AGENCY		FAX NO.	
MAILING ADDRESS	CITY	STATE	ZIP CODE

Section D. Please authorize the release of your medical records with your signature.

I, _____, do hereby consent, authorize and direct that the Department of State Treasurer, Retirement Systems Division, and any of its agents and/or representatives, permit inspection, and/or copying and/or release of any and all of my medical records, files, or charts in its possession to the person/agency named in Section C. I understand that the information used or disclosed based upon this authorization may be subject to re-disclosure by the recipient and will no longer be protected by Federal Privacy Regulations. I further understand that I have the right to revoke this authorization **in writing** any time prior to disclosure or release of my records, by providing written notice of my intent to revoke my authorization to the Department of State Treasurer, Retirement Systems Division.

Signature _____ Date_____

Section E. Please have this form notarized. Improperly notarized forms will not be accepted.

Notary Public Certification

State of _____ County of _____

I, _____ , a notary public for said State and County,

do hereby certify that _____ personally appeared

before me this date and acknowledged the due execution of this Form MR.

Witness my hand and official seal this the _____ day of _____, 20____

Signature of Notary _____

My commission expires _____

INK SEAL HERE

Section F. Please submit this form by mail or fax.

- You may mail this form to the address below.
- You may fax this form to (919) 855-5800.

The person in Section A will be billed a fee of 10 cents per page for any records released by mail. However, there is no fee for records released by fax.

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com