



Authorization to Disclose Non-Medical Personal Information

Wis. Stat. § 40.07(1m)(a)

Wisconsin Department of Employee Trust Funds
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Fax 608-267-4549
etf.wi.gov

Wisconsin law allows the Department of Employee Trust Funds to release personal information to a third party if the member has first provided ETF with a valid written authorization. This form cannot authorize the release of medical information. Please use the *Authorization to Disclose Medical Information (ET-7414)* form to authorize the release of medical information.

Member Whose Personal Information can be Released	
Name (first, middle, last)	SSN or Member ID

Type of Information Authorized to be Released
Please check the type of information that is authorized to be released: <input type="checkbox"/> Any/all account information (written and oral, excluding medical information) <input type="checkbox"/> Only the following information: _____

Scope of Request
Please check the box that applies to this request: <input type="checkbox"/> Send records today <i>and</i> retain this authorization for future use. <input type="checkbox"/> No information is needed today. Place this authorization in my file for future use.

Person or Entity to Receive Information	
<i>Please type or print the name and address of the person or entity to whom information may be released (if more than one person or entity, please use a separate form for each):</i>	
Name (first, last)	Relationship to member
Business entity name (if applicable)	Telephone/fax ()
Mailing address (include apartment, if applicable)	City State ZIP code

Authorization
I authorize the Wisconsin Department of Employee Trust Funds to disclose non-medical personal information as detailed in this authorization. The information will only be disclosed upon request of the member or the authorized person or entity. This authorization will expire six (6) months after the date of my signature below unless I revoke it sooner in writing or specify an alternate expiration date below: <input type="checkbox"/> Valid until: _____ <input type="checkbox"/> Valid indefinitely (<i>only expires when you notify ETF in writing</i>) <small>(month/day/year)</small>

Signature	Date
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Telephone ()	Email (<i>optional</i>)
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I am the: <input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Named survivor <input type="checkbox"/> A duly-appointed guardian, conservator, power of attorney, executor or personal representative of the above-named member (Documentation must be attached, or already on file, or authorization will not be processed)

