North Carolina
Retirement Systems

Form MR
Authorizing the Release of Medical Records

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Tell us about yourself.

First Name	M.I.	Last Name		Suffix
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)
Personal Email Address				Member ID

Section B. Indicate the Retirement System into which you contributed.

☐	Teachers' and State Employees' Retirement System (TSERS)	☐	Consolidated Judicial Retirement System (CJRS)
☐	Local Governmental Employees' Retirement System (LGERS)	☐	Legislative Retirement System (LRS)

Section C. Provide the nameof the person to which we are to release the medical records.

Name / Agency			
Mailing Address	City	State	Zip Code

Section D. 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. Have this form notarized. Improperly notarized forms will not be accepted.

State of _____ County of _____

I, _____, a notary public for said State and County, do hereby certify that _____ personally appeared before me this date and acknowledge the due execution of this form. Witness my hand and official seal this the _____ day of _____, 20 ____. My Commission Expires _____

Signature of Notary _____

INK SEAL HERE

Submit the completed form by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
NC.Retirement@nctreasurer.gov • (919) 814-4590