

# 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

