



ACTIVE EMPLOYEE RELEASE AUTHORIZATION FOR PORTABILITY FORM

Rev.12/10
RRS67

please type or print in ink

PART A: AUTHORIZED RETIREMENT SYSTEM <i>(check applicable retirement system)</i>
<input type="checkbox"/> Newport News Employees' Retirement Fund
<input type="checkbox"/> Norfolk Employees' Retirement System
<input type="checkbox"/> Virginia Retirement System

PART B: EMPLOYEE INFORMATION			
Last Name:	First Name:	M.I.	SSN:
Street Address:			
City:	State:	Zip Code:	
Date of Birth:	Phone Number:	E-mail Address:	
Maiden Name <i>(if applicable)</i>			
Agency Previously Employed By:			
Location:	Job Title:		

PART C: AUTHORIZATION	
As an active member of the Richmond Retirement System (RRS) and an inactive vested member of the participating retirement system selected above, I hereby authorize my former employer's retirement system to release information to the RRS regarding my vested benefits as required under the terms of portability between the two retirement systems.	
Member's Signature:	Date: