



# ACTIVE EMPLOYEE RELEASE AUTHORIZATION FOR PORTABILITY FORM

Rev.12/10  
RRS67

*please type or print in ink*

## PART A: AUTHORIZED RETIREMENT SYSTEM *(check applicable retirement system)*

- Newport News Employees' Retirement Fund
- Norfolk Employees' Retirement System
- 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:
---------------------	-------