



**District of Columbia Retirement Board (DCRB)
Benefits Department**

900 7th Street, NW, 2nd Floor • Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

Request for Information from Retirement File

Please complete this form to request information from your Retirement File with the District of Columbia Retirement Board (DCRB). Upon receipt of your request, DCRB will respond within ten (10) to twenty (20) business days depending on the request. Some requests may take longer. You may also be asked to provide additional identification information for verification purposes. DCRB has discretion to charge a fee for producing certain copies.

Section I: Member Information

Name: _____ Date of Birth: _____
(Please print your full name.)

Employee ID or Social Security Number: _____ Phone Number: _____ - _____ - _____

Mailing Address: _____
Street City State Zip Code

Email: _____

Retirement Plan: Police Officer/Firefighter Teacher

Section II: Individual to Whom Information May be Released (if other than the Member)

Name: _____ Relationship to Member: _____

Mailing Address: _____
Street City State Zip Code

Email: _____

Section III: Request

Reason for Request: _____

Specific Information Requested: _____

Section IV: Authorization

I authorize the District of Columbia Retirement Board (DCRB) to release the information from my Retirement File as indicated above. I acknowledge that I understand the purpose of this request, that fees may apply, and that authorization is hereby granted voluntarily

Member Signature: _____ Date: _____

