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## RELEASE OF INFORMATION TO REHABILITATION PROVIDERS

I hereby authorize the Maine Public Employees Retirement System (MainePERS) to release any of my medical information and any other records in its possession to the rehabilitation provider assigned to my case in order to assist the provider to conduct a vocational assessment and/or to determine my suitability for vocational rehabilitation services and, if authorized by Maine Public Employees Retirement System, to develop and implement a rehabilitation plan pursuant to 5 MRSA §§ 17927 or 18527.

A photostatic copy of this release will be as valid as the original. This release shall expire 12 months from the date of signature.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Email Address

\_\_\_\_\_  
Signature

NOTE: Release of this information to a rehabilitation provider does not in any way indicate approval or disapproval of disability retirement benefits.