



**ADDRESS RELEASE FORM  
MARIN COUNTY ASSOCIATION OF RETIRED EMPLOYEES  
(OPTIONAL)**

(PLEASE PRINT)

**APPLICANT INFORMATION:**

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_  
(FOR IDENTIFICATION PURPOSES ONLY)

By signing below, I hereby authorize the Marin County Employees' Retirement Association (MCERA) to release only my name and current mailing address and no other personal information to the Marin County Association of Retired Employees' (MCARE). This authorization shall remain in effect unless and until I notify MCERA in writing that I wish to revoke this authorization.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_