



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

Requests for information from your retirement file with the District of Columbia Retirement Board (DCRB) must be made in writing by completing this form. Upon receipt of this request, DCRB has up to ten (10) business days to respond to the request, which may be extended to twenty (20) business days depending on the request. Some situations may result in a longer time period if needed. DCRB holds discretion whether to charge a fee for producing such 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: _____

Retired: ☐ Police Officer ☐ Firefighter ☐ Teacher

Section II: Request

Reason for Request: _____

Specific Information Requested: _____

Section III: Authorization

I authorize the District of Columbia Retirement Board (DCRB) to release the information to me 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: _____



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Revised 07/2013