Retiree/Survivor Directory Opt-In



The purpose of this form is to grant HPRS permission to include certain information in the Retiree/Survivor Directory. This directory can be accessed only by HPRS members, staff, and OSHP authorized personnel.

Member Information		
Last Name	First Name	Middle Initial
Street Address		
City	State	Zip Code
Home Phone	Cell Phone	
Frank Address		
Email Address		
Authorization		
Include all of the information below in the directory	Do not include any of my information in the directory	
Or, I elect to have only the following information included in the directory (check all that apply):		
Address	Month & Day of Birth	
Home Phone	Academy Class	
Cell Phone	Retirement Month & Year	
Email Address		
Your signature is required below to authorize HPRS to include the information specified above in the Retiree/ Survivor Directory. If assistance is needed, please contact HPRS at 614.431.0781.		
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Signature		Date