{stdlongdate}

HEALTH ELIGIBILITY CENTER

INCOME VERIFICATION DIV

2957 CLAIRMONT RD STE 200

ATLANTA GA  30329-9976

**RE:** **{stdMbrFullName}** **{stdMbrPERSLinkID} INFORMATION RELEASE REQUEST**

**IVM CASE#:** **{qu case#}**

To Whom It May Concern:

Regulations governing the administration of NDPERS prohibit us from releasing information on a member's account unless we receive a written request signed by the member or by a legally appointed representative.

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division