

Government of the District of Columbia
Office of the Chief Financial Officer
Office of Financial Operations & Systems



Office of Pay & Retirement Services

2806 - Retirement Contributions Printout Request Form

Name: _____
Last Name First Name MI

SSN: _____

Plan: Teachers: _____ Police/Fire: _____ Civil Service: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Comments: _____

I certify that the information as stated above is true and accurate to the best of my knowledge and that I am the named requestor as stated above. Providing false information with the intent to access personally identifiable information without consent is punishable by law.

A photocopy of a government issued ID must accompany all requests.

I consent to the release of the information requested above to the following third party:

Company: _____

Name: _____

Address: _____

City: _____

Phone: _____ Fax: _____

Signature (REQUIRED)

Date

The Office of Pay & Retirement Services (OPRS) certifies that the contributions are correct as reported by your employing agency. Any and all discrepancies must be addressed by the employing agency. OPRS CANNOT MAKE CORRECTIONS OR RESOLVE REPORTING DISCREPANCIES.

Office of Pay and Retirement Services

Phone: (202) 741-8660

Fax: (202) 741-8585