



PRINT ALL INFORMATION
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
225.922.0612 (hearing impaired) · 225.935.2856 (fax)

Request for Return of Legal Documents Submitted to LASERS

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: Complete the entire form. Only the individual who submitted a legal document may request its return. LASERS retains physical copies of member records for 90 days, per the LASERS Records Retention Policy. LASERS cannot guarantee return of documents beyond that time period. The member's Social Security number must be provided on all documents submitted to LASERS.

SECTION 1: REQUESTER'S INFORMATION

Requester's Name	Requester's Relation to LASERS Member		
<input type="text"/>	<input type="text"/>		
Requester's Home Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 2: DOCUMENT INFORMATION

Check one: Judgment of Divorce Domestic Relations Order Death Certificate
 Birth Certificate Social Security Card Power of Attorney
 Other Legal Document (describe)

Date submitted to LASERS:

SECTION 4: REQUESTER'S SIGNATURE

I hereby request the return of the legal document(s) listed above. I confirm that I am the individual who submitted the documents. I understand that documents are held by LASERS for 90 days and that LASERS cannot guarantee the return of the documents after this time period.

Requester's Signature	Date
<input type="text"/>	<input type="text"/>