

Authorization for Release of Records

To: United States Department of Agriculture (USDA), Natural Resources Conservation Service (NRCS)

From (Individual and/or Farm Name): _____

Mailing Address:

Farm Address (if different than mailing):

Municipality of Farm: _____

I hereby authorize the release of my individual records that are in the custody of the USDA, NRCS.

I authorize release of records to the following named individual(s) or representative(s) of the following organization(s):

List name(s) or organization(s):

I authorize release of the following information (*initial the appropriate block*):

ANY information in my files

or

ONLY the following information as noted below:

- _____
- _____
- _____
- _____

Beginning date _____ for release of record. Ending date _____ for release of record.

I understand and acknowledge that NRCS cannot be responsible for ensuring the confidentiality of released records.

Name (Please Print): _____

Signature: _____

Date Signed: _____