

# PRIVACY INFORMATION RELEASE REQUEST DATA

(Release of information to Third Party)

The following information is provided for Natural Resources Conservation Service and/or USDA-FSA to release information and data to a Third Party as directed by the Grantor below.

## Consenting Individual Information

Please print Grantor information below. Grantor designates the individual who is granting disclosure of his/her records to indicated third party.

**Grantor:** \_\_\_\_\_  
Full Name

**Phone:** (        ) \_\_\_\_\_ - \_\_\_\_\_  
(optional)

**Current Address:** \_\_\_\_\_  
Address

**Email:** \_\_\_\_\_  
(optional)

\_\_\_\_\_  
City                      State                      Zip

Indicate if you would like a copy of the information provided to the third party recipient prior to disclosure.

Yes, provide copy prior.

No, do NOT provide copy prior.

## Authorization to Release Information to a Third Party

This section is to be completed by the individual (grantor) who is authorizing Natural Resources Conservation Service (NRCS) and/or United States Department of Agriculture (USDA) - Farm Services Agency (FSA) information related to himself or herself to be released to a Third Party.

**CERTIFICATION: I authorize the USDA-FSA and/or NRCS to release information related to me as specified below to:**

\_\_\_\_\_ for the applicable program year(s) specified: \_\_\_\_\_  
(Print or Type Name of Third Party Recipient) (program year(s))

**Information to be released:** Form 578, Field Maps and POAs Specified Information (described below)

\_\_\_\_\_  
\_\_\_\_\_

**Applicable to:** All My Farms Specified Farm Number(s) \_\_\_\_\_

Specified Tract Number(s) \_\_\_\_\_

*By signing this document, I authorize the USDA/FSA & NRCS to release my owner, operator and tract information to the above named third party recipient for the purpose of certification of my irrigated acres. I understand that no other personal or financial information will be provided to the third party recipient. I further understand that the certified acre information gathered by the above named third party recipient will be shared with the appropriate county assessor as a cross-reference for accuracy.*

**AUTHORIZED BY:**

**WITNESSED BY:**

\_\_\_\_\_  
**Printed Name of Grantor**

\_\_\_\_\_  
**Printed Name of Witness**

\_\_\_\_\_  
**Signature of Grantor**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Date of Witness**