

Release of Information for NRCS Conservation Programs

Project identification (e.g. application number): _____

I understand that the Farm Service Agency (FSA) requests permission to release my personal information in conjunction with the conservation assistance I request via the project identified above. I also understand that, under the Privacy Act of 1974, solicitation of information contained herein is authorized by Executive Order 10450, and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041). My disclosure of information is voluntary, but I understand that failing to disclose certain kinds of information may result in FSA being unable to provide the assistance I request. I grant FSA permission to release the following information. I crossed off any information below that I do not grant permission to release. I understand that crossing off lines 1, 2, 3, 4 or 5 may result in FSA being unable to provide the assistance I request.

1. ***Topographic map showing the location of my project***
2. ***Plan maps showing the locations of my project activities***
3. ***A description of my project, including amount and type of disturbance***
4. ***A description of my project site, including on site observations***
5. ***My name and my farm's business entity name***
6. FSA Producer, Farm, Tract, and Field ID numbers and associated maps
7. My conservation plan of operations (contract)
8. FSA-578 _____
9. _Subsidiary Report _____
10. _____
11. _____

I grant NRCS permission to release the above information to the entities listed below. I crossed off any entities below to whom I do not want my information released. I understand that crossing off lines 1, 2, 3, 4 or 5 may result in NRCS being unable to provide the assistance I request.

1. ***United States Fish and Wildlife Service***
2. ***National Oceanic and Atmospheric Administration***
3. ***State Historic Preservation Office***
4. ***Tribal Historic Preservation Offices***
5. ***Federally recognized Tribes***
- 6.
- 7.
- 8.
- 9.
- 10.

The permissions I grant begin on the date I sign below and expire when the contract for the project identified above expires. If the project does not result in a contract, my permissions expire one year from the date I sign.

Signature: _____

Date: _____

Printed name (printed and signed name must exactly match the application and contract) _____