

180 - Technical Service Provider Handbook
Subpart I - Exhibits
**AUTHORIZATION FOR RELEASE OF INFORMATION TO
TECHNICAL SERVICE PROVIDER (TSP)**
_____ 2009

§SD610.80 Roles and Responsibilities for Engineering Technical Assistance

Program Participant Name _____
Address _____
City, State Zip _____
Phone Numbers _____
Email Address _____
County _____ **Tract # (s)** _____
Township, Range, Section _____
Farm Bill Program _____
Contract Number _____ **Item(s)** _____
TSP Provider Name _____ **TechReg ID** _____

I, _____, (participant name) hereby authorize the TSP listed above to have access to my Farm Bill Program Contract and associated data for the item number(s) listed above for the specific purpose of providing me technical services related to conservation practice installation.

Program Participant Signature

Date

I, (print name of TSP) _____, understand that I am responsible for the custody and safeguarding of the information received through this authorization and that I may not share or utilize this information for purposes other than the implementation of this USDA Farm Bill Program Contract, without the specific written consent of the program participant.

Technical Service Provider Signature

Date

Please return this completed form to the USDA Service Center located at _____ in _____, South Dakota

Received by (NRCS Employee)

Date