

Authorization for Release of Records

I hereby authorize the release of my individual records that are in the custody of the United States Department of Agriculture, Natural Resources Conservation Service (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 one block

Any information in my files

or

Only the following information:

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

Name (Please Print) _____

Signature _____

Date Signed _____