**Consent for Natural Resources Conservation Service (NRCS) to Accept or Disclose Records**

To: Local NRCS Service Center

**I hereby authorize NRCS to accept or release my records, as specified, from or to the representative(s) listed below by signing and dating this document.**

By signing this document, I understand that:

* If I have not provided this form directly to the local service center, or via Conservation Client Gateway or Farmers.gov, NRCS may not process my information until direct communication has been made with me using the contact information provided on this form or if the form in incomplete.
* Signing this disclosure does not allow NRCS to accept documents signed by the representative on my behalf without additional, valid signature authority evidence on file at the local service center.
* NRCS retains the authority to not accept information from or disclose information to a third-party representative at the agency’s discretion for certain sensitive information.
* I must, at times, respond to and act to provide information directly to NRCS, as needed, during the application or contract process, such as providing eligibility certifications and signing documents.
* By naming a company or entity as a representative gives NRCS authority to accept information from or disclose information to any individual associated with the company or entity, unless otherwise noted.
* I cannot hold NRCS responsible for ensuring the confidentiality of my released records.
* I retain responsibility for remaining in communication with both my representative and NRCS through the application process.
* Information about my farm provided to NRCS by the representative has been reviewed and discussed between my representative and me and that NRCS may process my information based on what my representative provides.

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| Name of representative(s) authorized to submit my records to or receive my records from NRCS. Include contact information for representative(s): |
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| Records that the representative(s) named above may submit to or receive from NRCS: |
|  | Any information in my customer, application, or contract records. |
|  | Only specific information as noted below: |
| *Use this area to specify or exclude any information from disclosure consent.* |
|  \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_\_ | Beginning date for consent |
|  \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_\_ | Ending date for consent |
| Legal Name (Print): |  | Mailing Address:Phone Number: ( ) - |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |