

INFORMATION RELEASE REQUEST

Authorization to Release Information to Another Person

This form is to be completed by a requestor who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b),

I, _____ authorize the United States Department of Agriculture to release the following information relating to me:

- ☐ All information contained in my cooperator case file.
- ☐ Specific information in my cooperator case file as checked below:
- ☐ Conservation Plan
 - ☐ Schedule of Operations
 - ☐ Certified and/or official wetland determination and related information
 - ☐ Other specific information listed below:

The above information may only be released to the following individuals or entities:

The information may be released to the above individuals/entities until _____ (date).

Full Name of Requestor: _____

Current Address: _____

I understand that signing this document is not a requirement for participation in any USDA conservation program. Furthermore, the person I have granted the release of my information to is not required to protect this information according to USDA policy.

Signature: _____
Please sign in the presence of a USDA staff member

USDA Staff or Public Notary Acknowledgement: I have reviewed the identity documentation above and witnessed the signature of the requestor:

USDA Employee

Date

OR

Public Notary
(Affix Notary Seal to this Document)

Date