

## CONSENT TO RELEASE OR RECEIVE INFORMATION FOR NRCS PROGRAM PARTICIPATION

### PART I: IDENTIFICATION OF INFORMATION THAT MAY BE RELEASED OR RECEIVED

#### Authorization Statement

Through this form, I/we authorize the United States Department of Agriculture's Natural Resources Conservation Service (NRCS) to release information contained in my/our NRCS case file or to receive information as specified through this form, to/from the person identified herein (third party) to help me/us apply for and facilitate my/our participation in NRCS conservation programs. In authorizing the release of this information to the identified third party, I/we understand that I/we will be the responsible party should I/we apply for and participate in an NRCS program.

Enter application, contract, or agreement number(s) (if known):

- |                              |                          |
|------------------------------|--------------------------|
| <input type="checkbox"/> All | <input type="checkbox"/> |
| <input type="checkbox"/>     | <input type="checkbox"/> |

#### Release of Information to a Third Party

- All information contained in my NRCS case file, for which I/we have the right to access and request release. **Note:** This does not include bank account information on file for payment purposes.
- Conservation Plan Document including plan maps
- Schedule of Operations
- Certified wetland determination and related information
- Contracting documents
- Deed or Title documents
- Other specific information listed below, subject to the discretion of NRCS:

#### Receipt of Information from a Third Party

Through this form, I/we authorize NRCS to receive the following information from the identified third party on my/our behalf (select all that apply):

- Maps identifying the bounds of the operation
- List of conservation practices and activities I/we are interested in
- List of programs I/we are interested in
- Information needed to complete the implementation requirements
- Application or contract documents signed by me/us
- Other specific information listed below, subject to the discretion of NRCS:

## PART II: IDENTIFICATION OF THIRD PARTIES

NRCS may only release/receive the above information to/from the third-party individual identified below through the date listed. If the individual identified works on behalf of a specific company or organization, please include that information in the space provided.

Individual (cannot be blank):

Company/ Organization affiliation, if applicable:

Release until: (date)

## PART III: CERTIFICATIONS AND ACKNOWLEDGMENTS

By signing this form, I/we authorize the NRCS to release/receive the information identified in this form. I/we also acknowledge that should I/we submit a program application or enter into a contract agreement with NRCS, as an applicant/participant I/we accept that I/we am ultimately responsible for meeting all application and contract requirements and that NRCS may need to contact me/us for clarification or additional information related to my/our application or contract.

Name of Requestor (Individual or Legal Entity):

Current Address

Signature: Date: Telephone:

I/we hereby revoke my/our authorization:

Signature: Date: Telephone:

**Note:** Use the attached continuation sheet for additional signatures, when applicable.

### Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

### NRCS-CPA-1270 Continuation Sheet for Additional Signatures

By signing this form, I/we authorize the NRCS to release/receive the information identified in this form. I/we also acknowledge that should I/we submit a program application or enter into a contract agreement with NRCS, as an applicant/participant I/we accept that I/we am ultimately responsible for meeting all application and contract requirements and that NRCS may need to contact me/us for clarification or additional information related to my/our application or contract.

Name of Requestor (Individual or Legal Entity):

Current Address:

Signature:

Date:

Telephone:

I/we hereby revoke my/our authorization:

Signature:

Date:

Name of Requestor (Individual or Legal Entity):

Current Address:

Signature:

Date:

Telephone:

I/we hereby revoke my/our authorization:

Signature:

Date:

Name of Requestor (Individual or Legal Entity):

Current Address:

Signature:

Date:

Telephone:

I/we hereby revoke my/our authorization:

Signature:

Date: