

Voluntary Authorization for Release of Information

To: United States Department of Agriculture - Natural Resources Conservation Service

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 to the _____ Soil and Water Conservation District. I understand that the District may need to share this information with other cooperating agencies including, but not limited to, the N.C. Division of Soil and Water Conservation, the N.C. Soil and Water Conservation Commission, N.C. Cooperative Extension Service, N.C. Department of Agriculture and Consumer Services, and the N.C. Forest Service, for purposes of assisting me to implement my conservation objectives.

I authorize release of the following information:

Any information in my files

OR

Only the following information

farm number, tract and field numbers, acreage, resource inventories and conditions on the farm, crop and livestock data, conservation program ranking and payment information, conservation program contracts, maps, conservation practice designs and installation notes, conservation plans, and other similar data

I understand that signing this document is not a requirement for participation in any USDA or State conservation program administered by the North Carolina Soil and Water Conservation Commission or local soil and water conservation district. I understand and acknowledge that this information is subject to release under the North Carolina Public Records Law and that NRCS cannot be responsible for ensuring the confidentiality of released records. I also understand that this released data, with the exception of personally identifiable information, may be discussed in open meetings of the local Soil and Water Conservation District.

This authorization for the USDA, NRCS to share data with the District and its representatives is effective immediately and remains effective until revoked by me in writing.

Name (Please Print): _____

Signature:

Date Signed: _____