

Certification of Identity

Privacy Act Statement. In accordance with 28 CFR Section 166.41 (d) personal data sufficient to identify the individuals submitting request by mail under the Privacy act of 1974, §U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of United States Department of Agriculture (USDA) systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and or 5 U.S.C. Section 552a(i)(3).

Full Name of Individual of whom the applicable record(s) pertain, which is the grantor of the consent to disclose records:

Grantor 1* _____
Current Address: _____

Last four digits of Grantor's Social Security Number: 2* _____

Authorization to Release Information to a Third Party

This section is to be completed by the individual (grantor) who is authorizing Farm Service Agency (FSA) information related to himself or herself to be released to a Third Party. Further, pursuant to 5 U.S.C. 552a(b).

Certification: I authorize the USDA, FSA to release information related to me as specified to:

_____ for the applicable program year(s) specified _____
Print or type Name of Third Party Recipient program year(s)

FSA/CCC (Commodity Credit Corporation) current program records as specified: *Please check applicable box(s)*

- | | |
|--|---|
| <input type="checkbox"/> CCC-502 and determination of program eligibility status | <input type="checkbox"/> Commodity/bushels under loan and payment records |
| <input type="checkbox"/> FSA-578 producer print and associated maps | <input type="checkbox"/> Farm stored facility loan balance and status information |
| <input type="checkbox"/> direct payment history print | <input type="checkbox"/> Farm ownership/operator and lease arrangements |
| <input type="checkbox"/> Conservation reserve program contract acre, practice, rental rate | <input type="checkbox"/> FLP – Loan Balances and status information |
| <input type="checkbox"/> Farm data contained on the FSA-156 EZ | <input type="checkbox"/> FLP – Cash Flow Statement |
| <input type="checkbox"/> AD-1026A and determination of classification | <input type="checkbox"/> FLP – Current Balance Sheet |
| <input type="checkbox"/> GIS land use data | <input type="checkbox"/> FLP history – Balance sheet, income, expense, production |

Disclosure of the FSA program document or producer/farm information as specified below:

Applicable to the farm numbers as specified: All My Farms specific farm number (s) _____

I (do / do not) want a copy of the information that is provided to the recipient prior to disclosure.
Please circle

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5000.

Signature 3* _____ Date _____

- 1* Name of individual who is granting disclosure of his/her records.
- 2* Providing your full social security number is voluntary. You are asked to provide the last four digits of your social security number only to facilitate the identification of the records related to you.
- 3* Signature of individual (Grantor).