

## AUTHORIZATION TO RELEASE INFORMATION

The purpose of this waiver is to release information relating to your farm's engagement with the U.S. Department of Agriculture Natural Resources Conservation Service (USDA NRCS) Conservation Stewardship Program (CSP).

Information that USDA NRCS gathers related to your farm or agricultural operation is protected from disclosure to others by Section 1619 of the 2008 Farm Bill. NRCS must obtain your permission prior to releasing any information related to your farm/operation.

For the Vermont Agency of Agriculture, Food and Markets (VAAFM) to provide a Vermont Farmer Ecosystem Stewardship Program grant award and supplemental state payments for your engagement with the federal CSP program, VAAFM staff must coordinate with USDA NRCS and obtain information and documents to verify your status in CSP.

By placing an "X" in the boxes below and signing this form, you authorize the release of the designated information related to your farm to VAAFM. You may revoke this voluntary authorization at any time by providing VAAFM and NRCS a written request to discontinue sharing this information.

I, \_\_\_\_\_, authorize the U.S. Department of Agriculture Natural Resources Conservation Service (USDA NRCS) to release the following information relating to my farm, or farms which I am the owner, operator, renter or other producer to the Vermont Agency of Agriculture, Food and Markets (VAAFM) for the purposes of providing a grant award to my farm for my engagement with the CSP program:

- ☐ Farm name and contact information
- ☐ Copy of CSP Application
- ☐ NRCS-VT CSP Classic Report
- ☐ Obligated NRCS-CAP-1155 Form
- ☐ Written or verbal updates on the status of my application, contract, or practice installation

*This information is to be released in electronic format or printed if not available electronically. This authorization for release of information is in effect for a maximum of five years from date of signature.*

Signature:

Date of Signature:

Signatory Name:

Email:

Role in Business (e.g. Owner):

Phone Number:

Business Name (as listed with FSA):

Complete Business Mailing Address:

## ADDITIONAL APPLICATION INFORMATION

Please confirm which of the following applies:

- ☐ We have submitted/intend to submit a CSP application to USDA NRCS this summer (between June 24, 2024 and August 23, 2024) which includes our agricultural land.

Alternative Business Contact(s):

*List the emails of individuals other than the signatory (e.g. family, staff, conservation districts, TSPs) who help your business complete paperwork*