## **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.

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|  | nd signing this form, you authorize the release of the designated information related<br>ke this voluntary authorization at any time by providing VAAFM and NRCS a writter<br>rmation. |
| I,   | , authorize the U.S. Department of Agriculture, Natural Resources Conservation   |
| Service (USDA NRCS) to release the follo   | owing information relating to my farm, or farms which I am the owner, operator, at Agency of Agriculture, Food and Markets (VAAFM) for the purposes of providing a                     |
| ☐ Farm name and contact info   | ormation   |
| ☐ Copy of CSP Application  |  |
| ☐ NRCS-VT CSP Classic Report   |  |
| ☐ Obligated NRCS-CAP-1155 F  |  |
| ☐ Written or verbal updates o  | n the status of my application, contract, or practice installation   |
| This information is to be released in electory of information is in effect for a maximul | ctronic format or printed if not available electronically. This authorization for release<br>m 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:   |  |
| AD   | DITIONAL APPLICATION INFORMATION   |
|  |  |

## agricultural land. Alternative Business Contact(s):

Please confirm which ONE of the following is most applicable:

If individuals other than the signatory (e.g. family, staff, conservation districts, TSPs) help your business complete paperwork, list their email(s) here

☐ We have submitted/intend to submit a CSP application or renewal to USDA NRCS this spring (between

☐ We submitted a CSP application to USDA NRCS last fall (between August 1, 2022 and October 21, 2022)

☐ We are currently enrolled in the CSP program and have an active CSP contract with USDA NRCS on our

October 21, 2022 and April 21, 2023) which includes our agricultural land.

and have/are working towards a CSP contract on our agricultural land.