

CONSENT FOR RELEASE OF FSA RECORDS
UNDER THE PRIVACY ACT

CERTIFICATION OF IDENTITY OF PERSON WHOSE RECORDS ARE BEING REQUESTED
(Must be complete if request for records is not made in person)

Full Name of Requester _____

Current Address _____

Last four digits of Social Security Number _____

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. Section 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 and record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(l)(3) by a fine of not more than \$5,000.

Authorization to Release Information to a Third-Party
(Must also complete Certification of Identification above)

Pursuant to 5 U.S.C. 552a(b), I authorize the Farm Service Agent to release, to the following individual, certain information relating to me listed below:

Comanche County Appraiser's Office

CRP RECORDS FOR _____

(Information authorized for release must be specified here)

Signature _____ **DATE** _____

THIS CONSENT IS IN EFFECT ONE(1) YEAR FROM THE ABOVE DATE OR UNTIL REVOKED

USDA is an equal opportunity employer, lender and provider

Name of individual who is the subject of the record sought

Providing the last four digits of your social security number is voluntary. The need for the last four digits is only to Facilitate the identification of records relating to you. Without this, FSA may be unable to locate any or all Records pertaining to you

*Signature of Individual who is the subject of the record sought.

Posted 12/24/2021