

**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<sup>1</sup>** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**Last Four Digits of Social Security Number<sup>2</sup>** \_\_\_\_\_

I declare under penalty of perjury under the laws of the United State 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 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 \$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 Agency to release, to the following Individual, certain information relating to me as listed below:

Elk County Appraiser's Office

**CRP RECORDS FOR** \_\_\_\_\_  
*(Information authorized for release must be specified here.)*

**Signature<sup>3</sup>** \_\_\_\_\_ **Date** \_\_\_\_\_

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

*USDA is an equal opportunity employ, lender and provider*

<sup>1</sup> Name of individual who is the subject of the record sought.  
<sup>2</sup> 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.  
<sup>3</sup> Signature of individual who is the subject of the record sought.