

CONSENT FOR RELEASE OF FSA RECORDS UNDER THE PRIVACY ACT

Certification of Identity of Person Whose Records Are Being Requested

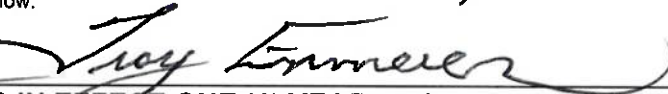
(Must be completed if request for records is not made in person.)

Current Address I declare under penalty of perjury under the laws of the United States of America that the matters stated herein are 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

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:

➤ Signature



Date 4-7-2026

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

USDA is an equal opportunity employer, lender and provide

1 Name of individual who is the subject of the record sought.

2 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.

3 Signature of individual who is the subject of the record sought.

Legal: see on page 1

PLEASE PROVIDE BASE ACRES - CROP ACRES - Wheat base -YIELD ACRES

Please provide any CRP/WRP or other contracts

Legal Description:

145 acres 36-21N-7 Garfield Co.