

State of California
California Department of Food and Agriculture
Office of Environmental Farming and Innovation
2024 Dairy Plus Program

USDA- Farm Service Agency
Release of Information Request

Producer Name: _____

Farm Name: _____

I understand that the Farm Service Agency (FSA) requires permission to release my personal information in conjunction with conservation assistance. I grant FSA permission to release the following information:

1. FSA producer name/farm business entity name
2. FSA farm, tract, and field ID numbers and associated maps
3. Topographic Map showing the location of my project

Information shall be provided to the **California Dairy Research Foundation** (and/or their contractors) for purposes of completing Form CPA 52 for USDA NRCS and reporting for the Partnerships for Climate Smart Commodities (PCSC) grant. The permissions begin on the date signed below and expire when the contract for the PCSC grant project expires. If the project does not result in a contract, my permissions expire one year from the date signed.

Date: _____

Authorized Personnel Signature: _____

Authorized Personnel Printed Name: _____
(printed and signed name must exactly match the application and contract)

For office use only _____

Dairy PLUS Project Application Number: _____

Date of expiration _____