

Subject: Minnesota CREP Release of Information to the local SWCD office

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize USDA-FSA to disclose information to

First and Last Name/or Authorized Rep. of Entity

the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soil and Water Conservation District (SWCD) and to the Board of

SWCD Name

Water and Soil Resources (BWSR) that will allow my application for the Minnesota Conservation Reserve Enhancement Program (MN CREP) to be processed, scored and ranked for the Reinvest In Minnesota (RIM) Reserve conservation easement portion of the MN CREP.

Record types to be released include all years of data needed for – Terra Scenarios, COLS Printouts, CRP Conservation Plan and supporting documents (including NEPA checklists), CRP-1, CRP-2C, electronic copies of shapefiles and other requested information.

This authorization is to stay in effect until restoration has been completed and all invoices have been processed or ten years, whichever comes first.

Signature of Authorized Representative per FSA requirements Date