

## INFORMATION & INSTRUCTION FOR MAKING REQUESTS FOR FSA/CCC RECORDS UNDER THE PRIVACY ACT OF 1974

As noted in the [Privacy Act \(5 U.S.C. § 552a \(2018\)\)](#) and the Department's Privacy Act provisions in FSA handbook 3-INFO, an individual United States citizen or Legal Permanent Resident may seek to access, correct, or amend records that are retrieved by name or other personal identifier, such as one's farm number or other information provided to FSA and stored in our systems-of-records. In addition to the Privacy Act, such requests will be processed in accordance with the FOIA (5 U.S.C. § 552 (2018)), and applicable legal requirements and exemptions under the governing regulations (e.g., 28 C.F.R. §16.40 and 28 C.F.R. § 16.77), as appropriate.

Your request must be in writing and must be signed. Requests should be submitted to the FSA USDA Service Center that is the primary holder of your records in person, by email, or by mail. Contact information for your Service Center may be found on the [farmers.gov](http://farmers.gov) website. Alternatively, you may submit your request to the FOIA/Privacy Act Coordinator at the Kentucky State FSA Office by emailing it to [angella.watson@usda.gov](mailto:angella.watson@usda.gov) or mailing it to the following address:

*Kentucky State FSA Office  
Attn: Angella Watson, FOIA/PA Coordinator  
770 Corporate Drive, Ste 205  
Lexington, KY 40503*

Request should include a contact number and email address, if possible, to we may provide information or obtain clarification, if needed. A return address that identifies your street name/number should also be provided, so we may respond via certified mail, if necessary. For further guidance, see below and consult 28 C.F.R. § 16.40, et seq. (Subpart D) (*"Protection of Privacy and Access to Individual Records Under the Privacy Act"*).

Requests for information contained in a Privacy Act system-of-records must: (1) be accompanied by a consent form or verification of identity (see below) attesting that you are the record subject (or his/her legal guardian) or that you have the record subject's consent; (2) clearly identify the particular record(s) at issue; and (3) indicate the precise nature of any amendment, correction, or other action sought, and the reason or justification for such action. In identifying the record(s) at issue, please describe them in sufficient detail to enable staff to conduct a search for the requested records with a reasonable amount of effort (i.e., bankruptcy case files, personnel records, etc.). Likewise — to minimize billable search and related fees— please specify which region or office you are inquiring about. A request for access to records about yourself must contain a verification of identity consisting, at a minimum, of your full name and your current address. To facilitate the identification and retrieval of requested records, requests should also contain the last four digits of your social security number (SSN) and/or alien or employee identification number. All requests must be signed and dated. If the requestor is the authorized signatory for the grantor, said authorization must already be on file with FSA or must be provided with the written request.

If you seek information regarding third parties or wishing to allow a third-party access to your records, the written request must contain "either a written authorization signed by that individual permitting disclosure of those records to you or proof that that individual is deceased (for example . . . a death certificate or an obituary) will help the processing of your request."

The attached Identity and Release form may be used in lieu of a written request, but is not required to be used, to obtain access to records covered by the provisions in the Privacy Act of 1974 or the Freedom of Information Act. Instructions for the completing the form are included with the form.

Privacy Act requests are subject to duplication, search, and/or review fees to the extent authorized by 28 C.F.R. § 16.49 (*"Fees"*); see also 28 C.F.R. § 16.10. Unless otherwise specified, your request for records under the Privacy Act constitutes your agreement to pay all applicable fees up to \$25. Most requests do not generate any fees and requesters will be notified beforehand if it appears that fees will be required.

## Certification of Identity and Request for Release of FSA Records Form Instructions

Complete the *Certification of Identity and Request for Release of FSA Records* form according to the following table:

Item	Instructions
1)	Provide the full of name of the Grantor – the individual who is granting discloser of his/her records. Print the full legal name of the person to whom the records belong. Additionally, for identity verification purposes, provide: <ul style="list-style-type: none"> <li>• The last four digits of the grantor’s TIN (tax identification number),</li> <li>• The current mailing address of the grantor,</li> <li>• An email address for contact purposes, and</li> <li>• A valid phone number where the requestor can be reached if additional information/clarification is needed.</li> </ul>
2)	Designated what specific current year records are being requested. If “other” is marked, be as specific as possible as to what information/records are sought. <ul style="list-style-type: none"> <li>• If possible, indicate the farm number(s) relevant to the request.</li> <li>• Indicate the county/counties where the farm/records are located.</li> </ul> <i>If prior year(s) records are needed, please indicate that in “other.”</i>
3)	Indicate how the requested records should be provided by marking one of the four choices. <i>NOTE: if the information is intended to be released to someone other than the grantor or his/her duly authorized representative, the included “Authorization to Release Information to a Third Party” must also be completed.</i>
4)	All written requests for records must be <b>signed</b> and dated by the requestor before action can be taken by FSA.

The *Authorization to Release Information to a Third Party* should be completed, as needed, to both authorize the release and to facilitate that release of information. The name of the individual or agency to whom authorization is provided must be complete. At minimum, the agency’s email address and contact number should also be provided.

**CAIP Program Certification of Identity and Request for Release of FSA Records**

*Privacy Act Statement. In accordance with 28 CFR Section 166.41 (d) personal data sufficient to identify the individuals submitting request by mail (or not in person) under the Privacy act of 1974, §U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of United States Department of Agriculture (USDA) systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and or 5 U.S.C. Section 552a(i)(3).*

**1) Full Name of Individual of whom the applicable record(s) pertain, who is the grantor of the consent to disclose records, with contact information (please print):**

Grantor's Name: \_\_\_\_\_

Last four digits of Grantor's TIN (SSN/EIN): \_\_\_\_\_

Current Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**2) Current Year FSA/CCC (Commodity Credit Corporation) Documents Requested: (Please check all applicable boxes)**

- Farm data contained on the FSA-156EZ  FSA-578 producer print
- Producer Subsidiary Print with Business File Information  Applicable CLU data/Aerial Photo
- Other FSA program document or producer/farm information as specified below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicable to:  All My Farms OR  specific farm number(s) \_\_\_\_\_

Located in County(ies): \_\_\_\_\_

**3) Copies of the requested records should be provided (choose one):**

- in person to me  by secured electronic means via the email address above
- by mail at the address provided  to an authorized **third-party** (only if the third-party release section below is completed)

**4) Certification and Consent:**

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. 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 \$5000.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503*

**Authorization to Release Information to a Third Party**

This section is to be completed by the individual (grantor) who is authorizing Farm Service Agency (FSA) information related to himself or herself to be released to a Third Party, pursuant to 5 U.S.C. 552a(b).

**I authorize the USDA, FSA to release information related to me, as specified on page 1 above, to:**

Name/Agency: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

This information released is authorized for the current program year unless otherwise indicated for the purpose of completing my CAIP application only. I understand the information may be released to the person/agency indicated above one time only via whatever secured method is convenient for both FSA and the person/agency to whom I am granting this release.

I  **do** OR  **do not** want a copy of the information that is provided to the recipient with this disclosure.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_