Certification of Identity / Consent to Release

Privacy Act Statement. In accordance with 28 CFR Section 166.41 (d) personal data sufficient to identify the individuals submitting request by mail 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 5U.S.C. Section 552a(i)(3).

Full Name of Individual of whom the applicable record(s) pertain, which is the grantor of the consent to disclose records:		
Grantor ¹	Robert Dammen	
Current Address:	17970 780th Ave Albert Lea, MN 56007	
Last four digits of Grantor's Social Security Number ² :		
This section is to be information related	Release Information to a Third Party e completed by the individual (grantor) who is to himself or herself to be released to a Third I thorize the USDA, FSA to release information	Party. Further, pursuant to 5 U.S.C. 552a(b).
Greg Jensen, Davy \	/illarreal - LandProz for the applicable p	rogram year(s) specified: Current
Print or type name	of third party recipient	program year(s)
This Applies to: ☐ All My Farms ☐ specific farm loo	- · · · · · · · · · · · · · · · · · · ·	
•	odity Credit Corporation) current program m data (crop bases, yields, acres)	records as specified: check applicable box(es) Farm Loan Program Information
☑ Aerial Map with line work, acres & HEL/Wetland data		☐ Loan Balances and status information
☐ FSA-578 producer print and associated maps		☐ Cash Flow Statement
☑ CRP contract acres, practice, rental rate		☐ Current Balance Sheet
☐ Commodity/bushels under loan and payment records		☐ History – Balance sheet, income/expense
☐ Farm storage facility loan balance and status information		production
☐ payment history	print	
	termination of classification	
·	902 & determination of program eligibility stat	
☐ Disclosure of the	e FSA program document or producer/farm info	ormation as specified below:
	ay be provided to the third party listed above be information that is provided to the recipient p	
correct, and that I a	alty of perjury under the laws of the United Sta m the person named above, and I understand the	nat 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.

L Dammer Date Jhw 1/ 2025

Name of individual who is granting disclosure of his/her records.

² Providing your full social security number is voluntary. You are asked to provide the last four digits of your social security number only to facilitate the identification of the records related to you.

³ Signature of individual (Grantor)