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CCC-685
(09-28-10)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

AUTHORIZATION TO RELEASE WAREHOUSE RECEIPTS

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1421, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to enable producers to authorize FSA to release warehouse receipts to a designated individual or entity. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for producers to authorize FSA to release warehouse receipts to a designated individual or entity.*

*This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F- Administration). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

I hereby authorize the County FSA Office to release the warehouse receipts identified below to the person or firm shown below. Release to be after payment of the loan obligations secured by such receipts.

1. County FSA Office holding Warehouse receipts	WAREHOUSE RECEIPTS TO BE RELEASED		5. Release To (Name and Address)
	2. Commodity	4. Warehouse Receipt No.'s	
	3. Loan No.		

Loan Repayment Information: Make draft payable to CCC and deliver to County FSA Office shown above.

6. If repayment is Received On:	Date (MM-DD-YYYY)	7. Repayment is:	Amount \$	8. If repayment is made after date shown, add the following for each additional day beyond such date:	Amount \$
9A. Signature of Producer (By)		9B. Title/Relationship of the Individual Signing in a Representative Capacity		9C. Date Signed (MM-DD-YYYY)	
10A. For the County FSA Committee BY		10B. Effective Date (MM-DD-YYYY)		10C. Authorization Void After Date (MM-DD-YYYY)	

Form NOT VALID unless signed by both producer and representative of the County FSA Office.

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To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.