



RELEASE OF INFORMATION AUTHORIZATION FORM

I, _____, hereby give AGrowStar permission to release
(Print Your Name)

ANY information about my transactions with AGrowStar including but not limited to: production records,
settlements, farm identifications and freight liabilities to the following people:

NAME ADDRESS
NAME ADDRESS
NAME ADDRESS

SIGNATURE OF PRODUCER DATE

IF YOU WISH FOR YOUR SETTLEMENTS TO BE DELIVERED TO AN ADDRESS OTHER THAN
THE ADDRESS SHOWN ON YOUR ACCOUNT, PLEASE SIGN BELOW.

I HEREBY DIRECT THAT MY GRAIN SETTLEMENTS BE DELIVERED TO AN ADDRESS
OTHER THAN THE ADDRESS SHOWN ON MY ACCOUNT.

(PLEASE PRINT THE ALTERNATE ADDRESS INFORMATION ON LINE BELOW.)

SIGNATURE OF PRODUCER DATE

UPON COMPLETION, PLEASE RETURN THIS TO THE CONTROLLER'S OFFICE IN DAVISBORO.
IF DESIRED, FORM CAN BE FAXED BEFORE MAILING THE ORIGINAL; THE FAX NUMBER IS
478-348-6792.

THANK YOU FOR ASSISTING US IN PROTECTING YOUR RIGHT TO PRIVACY.