



## Quality Certification Services

5700 SW 34<sup>th</sup> St, Suite 349, Gainesville, FL 32608 | [qcs@qcsinfo.org](mailto:qcs@qcsinfo.org) | phone (352) 377-1033 | fax (352) 377-8363

### Client Approval for Release of Information

Name of Operation & Entity Number:

Name of Authorized Representative:

I, \_\_\_\_\_, give permission to Quality Certification Services to release the following information to \_\_\_\_\_.

- Organic System Plan for insurance purposes
- Invoices for Cost Share Program, date range \_\_\_\_\_ to \_\_\_\_\_
- Product Verification Form
- Other:

Please send information to:

By signing below, I give permission for the above information to be released to an entity outside my organization. I also agree to and understand that QCS reserves the right to charge fees, as applicable, for any non-renewal administrative and certification services requested. Refer to the QCS Fee Structure for details on administrative fees.

If you would like to avoid administrative fees, you can access your account (including invoices, forms, and Organic System Plans) online via the [Client Portal](#). If you would like to set up access to the Client Portal, please email [qcstechsupport@qcsinfo.org](mailto:qcstechsupport@qcsinfo.org)

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Optional: This permission expires on \_\_\_\_\_