



## SOILMAP Data Transfer Request

Request Date: \_\_/\_\_/\_\_

Grower Name:

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Request to transfer field boundaries and sample locations/lab results from current SOILMAP Account

From

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To

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Grower Signature to authorize data transfer request

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Signature of Account releasing the grower data

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Released  Denied:  Reason: \_\_\_\_\_

Released Date: \_\_/\_\_/\_\_

Fax Completed form to 515-955-5565 once release approval is completed and signed by Current SOILMAP account authorized agent.