

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Food and Drug Administration

**Voluntary National Retail Food Regulatory Program Standards  
RELEASE RECORD AND AGREEMENT – PERMISSION TO  
PUBLISH IN NATIONAL REGISTRY**

Form Approved  
OMB Number 0910-0621  
Expiration Date: 7/31/2017  
(See Public Reporting Burden  
Statement on page 2.)

Name of Jurisdiction Reporting This Information	Mailing Address		
	City/State/ZIP Code		
To (Enter name of FDA Regional Retail Food Specialist)(Date (mm/dd/yyyy))			

**1. Primary contact for Program Standards**

Name	Title	Phone Number
E-Mail Address	Jurisdiction is willing to serve as an auditor for another jurisdiction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**2. Select all that apply:**

- ☐ a. I, the undersigned, am enrolling this jurisdiction as a participant in the Voluntary National Retail Food Regulatory Program Standards.
- ☐ b. I, the undersigned, confirm that a *Self-Assessment* of this jurisdiction's Retail Food Program has been completed in accordance with the **(FDA) Voluntary National Retail Food Regulatory Program Standards**.
- ☐ c. I, the undersigned, confirm that this jurisdiction has completed a Risk Factor Study on the occurrence of foodborne illness risk factors.
- ☐ d. I, the undersigned, confirm, that I have *(please select applicable)*:
- ☐ 1. Requested (*Auditor*) perform a *Verification* \_\_\_\_\_  
Audit of the above-named Retail Food Program *Self-Assessment*.
- ☐ 2. Reviewed and agree with the findings of the *Verification Audit* report dated. \_\_\_\_\_
- ☐ 3. Requested that the *Auditor* forward the *Verification Audit* report, dated, to the \_\_\_\_\_  
FDA Regional Retail Food Specialist.

**3. On behalf of the state or local regulatory agency, permission is granted to publish the following in the FDA National Registry of Retail Food Protection Programs via the Internet *(please select applicable)*:**

- ☐ Enrollment information Risk Factor Study completion date and trend, if applicable
- ☐ Self-assessment findings Verification audit findings

Program Manager Name (Printed)	Signature	Date (mm/dd/yyyy)