UC Riverside
send to: Agricultural Operations
fax to: 827-5139

Print Form

Land Allocation Release

Department _____ Number _____

Project Leader _____ Phone _____

Associated Personnel _____ Phone _____

Release Date _____ Crop _____

Station ☐ Riverside ☐ CVARS Field _____ Block _____ Row Range _____

Comments

Principle Investigator Date	Director of Agricultural Operations Date