



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Medical Use of Cannabis Program Authorization to Release Information

The personal contact information of registered caregivers, officers or directors of a registered dispensary and assistant registry identification cardholders, as well as the home address of a registered caregiver who is conducting some or all of that registered caregiver’s authorized activities from the caregiver’s home, is confidential. In order for the Office of Cannabis Policy to share or verify that information with a third party, such as an employer, an attorney, a municipality, or a financial institution, the cardholder must read, sign, and date this Authorization to Release Information form and submit to the Office of Cannabis Policy.

I, _____, hereby authorize the Office of Cannabis Policy, (hereafter, the Office) to release my registration status and information, which may include personal contact information and my residential address, to the below named party even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws. This Authorization to Release Information shall be effective until rescinded in writing.

The Office, and other agents or employees of the State of Maine shall not be held liable for the receipt, use, or dissemination of inaccurate information. I hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Maine, Department of Administrative and Financial Services, Office of Cannabis Policy, and other agents or employees of the State of Maine for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclose or publication, of any material or information acquired during inquires, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Office, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Authorized Third Party:

Registered Identification Cardholder:

Signature

Date:

Printed Legal Name:

Email Address:

Phone Number: