

**Medical Use of Cannabis Program**

**Authorization to Release Information**

Pursuant to 22 M.R.S § 2425-A(12), the identity of registry identification cardholders is confidential. In order for a potential employer to verify the validity of a registry identification cardholder with the Office of Cannabis Policy, the cardholder must read, sign, and date this Authorization to Release Information form.

|  |
| --- |
|  |
| I, \_ \_\_, hereby authorize the Department of Administrative and Financial Services, Office of Cannabis Policy, (hereafter, the Department) to release my registration status and information to a registered caregiver or registered dispensary, 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 This Authorization to Release Information shall be effective until rescinded in writing.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 Department, 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 Department, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.  |
| Signature | Date: |
| Printed Legal Name: | Email Address: | Phone Number: |