



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Medical Use of Cannabis Program Officer or Director Authorization to Release Information

Release of Information for Disclosure to Dispensary Applicant/Registered Entity

I, _____, hereby authorize the Department of Administrative and Financial Services, Office of Cannabis Policy, (hereafter, the Office) to release my registration status and information to the below named registered dispensary, or agent or employee thereof, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws. This Release shall be effective until rescinded in writing.

Authorized Dispensary Name:	License Number, if assigned: DSP
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Release of Information for Background Check

I, _____, hereby authorize the Department of Administrative and Financial Services, Office of Cannabis Policy, (hereafter, the Office) to conduct a complete investigation into my background using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Office to provide any and all such information deemed necessary by the Office. I hereby waive any rights of confidentiality in this regard.

I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above-named applicant to furnish such information to a duly appointed agent of the Office, whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege. I authorize the release of this information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state law or federal laws.

The Office reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Office may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, 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.

Registered Identification Cardholder:

Signature:	Date:
Printed Legal Name:	RIC Number:
	Date of Birth: