



Michigan Medical Marihuana Program

Release for Disclosure of Information

P O Box 30083 | Lansing, MI 48909
(517) 284-6400 | www.michigan.gov/mmp

Instructions

1. You must complete both pages of the form and have your signature notarized.
2. Make a copy (front and back) of your valid Michigan driver license or identification card.
3. Do NOT use white-out or make any alterations to this form.
4. Mail the form and the copy of your driver license or identification card to:

Michigan Medical Marihuana Program
P O Box 30083
Lansing, MI 48909

Section I - Person Authorizing Release

1. Name (First, Middle, Last)	2. Date of Birth (MM/DD/YYYY)	3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
-------------------------------	-------------------------------	---

Section II - Release information to

The undersigned with full knowledge and understanding of his/her rights under the Michigan Medical Marihuana Act, MCL 333.26421 *et seq.*, and the administrative rules promulgated under it, authorizes the Michigan Department of Licensing and Regulatory Affairs (LARA) or its successor department to release the following documents or information to:

4. Name (First, Middle, Last)			
5. Street Address	6. City	7. State	8. Zip

Section III - Information to be released

9. Information to be released – (include a specific date or date range for the information)

Section IV - Release for Disclosure of Information

A person may only request information from and relating to his/her own Medical Marihuana Registry Program file. Each patient and his/her primary caregiver must provide a notarized Release for Disclosure of Information. It is expressly understood that this Release for Disclosure of Information authorizes LARA or its successor department to comply with the request of the undersigned for information and/or documents related solely to his/her Medical Marihuana Registry Program file. LARA or its successor department will not comply with a request for information and/or documents from another person's Medical Marihuana Registry Program file. If the information and/or documents requested by the undersigned contain the names or identifying information of any other persons, without a notarized Release for Disclosure of Information, then such names and identifying information shall be redacted.

Undersigned has provided proper identification to the notary public. Proper identification consists of one or more of the following picture identification cards: current and valid driver's license or state identification card with photo. If undersigned does not have one of the named forms of identification, undersigned shall provide a birth certificate *and* social security card for purposes of identification.

In so doing, the undersigned, his/her successors, heirs, assigns, and any other persons or entities who could lawfully make claim on his/her behalf, releases and holds harmless the State of Michigan, the Michigan Department of Licensing and Regulatory Affairs, or its successor department, including but not limited to each of their divisions, agencies, commissions, officers, and employees, and their successors, heirs and assigns of such persons and entities, from any and all rights, actions, grievances, claims, liabilities, demands, suits, and causes of action, whether in law or equity, under state or federal law, of each kind and nature, and description, whether known or unknown, suspected or unsuspected, that either may have, now or in the future, against the above listed entities and persons as a result of or arising out of the disclosure by the Michigan Department of Licensing and Regulatory Affairs, or its successor department, of the requested information and/or documents.

It is expressly agreed and understood that this Release for Disclosure of Information includes, but is not limited to, all claims, based on any grounds for relief, whether legal or equitable, including but not limited to: personal injury, whether physical or mental, pain and suffering, emotional distress, loss of income, all medical expenses of whatever nature, all claims of civil rights violations, including race, sex, age and handicapper discrimination, libel and slander, breach of contract, interference with contractual rights, retaliation, harassment, threats, violations of the right of privacy, intentional infliction of emotional distress, conspiracy, violations of the Freedom of Information Act, violations of Civil Service Commission rules, regulations and policies and all other causes of action, whether legal or equitable, including all possible consequences, whether currently known or unknown.

The undersigned represents and warrants that, based upon a reasonably diligent inquiry and the advice of counsel, if any, he/she has legal authority to execute this instrument, and that he/she bears sole responsibility for any mistake regarding the legal authority of the undersigned to execute this document. The undersigned further represents and warrants the following:

- (1) He/she has either reviewed or had the opportunity to review the Michigan Medical Marihuana Act, MCL 333.26421 *et seq.* and the administrative rules promulgated under it;
- (2) He/she understands or knows that the Michigan Department of Licensing and Regulatory Affairs, or its successor department, will provide him with a copy of the Michigan Medical Marihuana Act, MCL 333.26421 *et seq.*, and the administrative rules promulgated under it, for his/her review or his/her attorney's review upon his/her request;
- (3) If he/she or his/her attorney has not requested a copy of the Michigan Medical Marihuana Act and the administrative rules promulgated under it, it was due solely to his/her or his/her attorney's own free will and volition.

The undersigned further represents and acknowledges that before signing this Release for Disclosure of Information, he/she read the same, consisting of three (2) pages; that he/she fully understands its terms, contents, and effects; and has relied fully and completely on his/her own individual judgment or on the advice of his/her attorney, if any, in executing this Release for Disclosure of Information

Section V - Signature

BASED ON THIS INFORMATION, I, the undersigned, executed this FULL AND FINAL RELEASE OF ALL CLAIMS by my free act and deed on this the _____ day of _____, 20_____. The undersigned has attached a copy of his/her photo identification, front and back, to this release form.

Signature of Applicant

Date

Section VI – Notary

THIS FORM MUST BE NOTARIZED WITH PROPER IDENTIFICATION PROVIDED TO AND VERIFIED BY THE NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____, 20_____

_____ County, Notary Public Commission Expires: _____

I _____, notary public, state that _____ provided proper identification
(Printed Name of Applicant)
as required by this Release for Disclosure of Information.

Signature of Notary Public