

MEDICAL MARIHUANA REGISTRY PROGRAM
RELEASE FOR DISCLOSURE OF INFORMATION

The undersigned, _____, with full knowledge and understanding of his/her rights under the Michigan ^(Print Name) 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 to

_____ the following documents or information. ^(Print name, address, city, state and zip code) The undersigned's date of birth is _____, the last four digits of the undersigned's Social Security Number are _____, and the undersigned is MALE / FEMALE (circle one).

The undersigned submitted the Patient Application or Caregiver Attestation on or about _____, as the remitted check or money order was processed by the issuing ^(Date) financial institution on or about _____. The check or money order number _____ ^(Date) was submitted by _____ ^(Print Name) in the amount of _____ dollars.

Please put an X in the appropriate box to indicate what information you are requesting:

- Verification of undersigned's status as registered patient or registered caregiver under the Michigan Medical Marihuana Act. (For verification of caregiver status, provide all patients' names.)
- Copy of the Medical Marihuana Registry Program application submitted by undersigned.
- Date the undersigned's Medical Marihuana Registry Program application was received by the Department of Licensing and Regulatory Affairs or its successor department
- Copy of the check or money order submitted with the undersigned's Medical Marihuana Registry Program application
- Copy of the photo identification submitted by the undersigned with the Medical Marihuana Registry Program application
- Copy of the Caregiver Attestation Form (if applicable) submitted by the undersigned with the Medical Marihuana Registry Program application
- Copy of the designated Primary Caregiver's photo identification (if applicable) submitted by the undersigned with the Medical Marihuana Registry Program application
- Copy of notice(s) of denial of the Medical Marihuana Registry Program application sent by the Medical Marihuana Registry Program to the undersigned
- Other (please specify): _____.

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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 _____ for information and/or documents related solely to his/her Medical
(Print Name)
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 with photo; current state identification card with photo; current military identification card; current college or university student identification card with photo; Native American tribal identification with photo; current passport; permanent resident card or alien registration receipt card. 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, _____, his/her successors,
(Print Name)
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:

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- (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 (3) 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.

BASED ON THIS INFORMATION, I, _____, have
(Print Name)
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)

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 _____, 2011

Ingham County, Notary Public
Commission Expires:

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

Signature of Notary Public

Return this form via US Mail to:

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