



Michigan Medical Marijuana Program

Release for Disclosure of Registry Card(s) Print Audit Number

www.michigan.gov/mmp
 (517) 284-6400

Instructions

1. This form is used to obtain your print audit number to facilitate on-line registration with the Michigan Medical Marijuana Program (MMMP).
 - Section A - Enter the information requested on lines 1-9. You may only request the Print Audit Number pertaining to your own MMMP Registry card(s).
 - Section B - Read the information regarding the conditions under which the Print Audit Number is released.
 - Section C - Sign and date to authorize the MMMP to release the Print Audit Number. You must sign and date this section in the presence of a notary public. The signature and notarial act must be dated within 90 days from the date the form is received in our office.
2. Email or mail the completed form and a legible copy of your valid driver's license or State-issued personal identification card with photo.
 - EMAIL Form and Identification to: MRA-MMMPINFO@michigan.gov
 - MAIL Form and Identification to: Michigan Medical Marijuana Program, PO Box 30083, Lansing MI 48909

Section A – Person Authorizing Release of Print Audit Number

1. Legal First Name	2. Middle Initial	3. Legal Last Name	3b. Suffix (Jr., Sr., etc.)	4. Date of Birth
5a. Mailing Address		5b. Apartment/Suite/Lot #		
6. City	7. State	8. Zip Code		

9. Select how you would like the Print Audit Number sent to you:

Via first class mail to mailing address above

Via email to the following email address: _____

Section B – Release for Disclosure of Information

I authorize the Michigan Marijuana Regulatory Agency (MRA), or its successor agency, to release Michigan Medical Marijuana Program (MMMP) records in accordance with Section A, which may include patient and/or caregiver information.

I represent that I have provided proper identification to the notary public upon signing this form. Proper identification consists of a valid driver's license and/or State-issued personal identification card with photo. If I do not possess one of the named forms of identification, I represent that I provided a copy of my birth certificate *and* social security card to the notary public for purposes of identification.

I, my successors, heirs, assigns, and any other persons or entities who could lawfully make a claim on my behalf, release and hold harmless MRA, or its successor agency, including but not limited to each of its divisions, agencies, commissions, officers, and employees, and the successors, heirs, and assigns of such persons and entities, from any and all rights, actions, grievances, claims, liabilities, demands, suits, and causes of action, based on any grounds for relief, whether in law or equity, under state or federal law, of each kind, 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 MRA, or its successor department, of the requested information and/or documents.

I represent and warrant that, based upon a reasonably diligent inquiry and the advice of counsel, if any, I have legal authority to sign this form, and that I bear sole responsibility for any mistake regarding my legal authority to sign this form. I further represent and warrant that I have either reviewed or had the opportunity to review the Michigan Medical Marijuana Act, MCL 333.26421 *et seq.*, and associated administrative rules, which are available on MMMP's website or upon request to MMMP.

I understand that if any portion of this form is not completed in accordance with the instructions, this request for MMMP records will be DENIED.

Section C – Your Signature

I represent and acknowledge that I have read, understand, and agree with Section B, regarding my request for release of my MMMP Registry Card(s) Print Audit Number.

PRINT NAME of Person Authorizing Release

Signature of Person Authorizing Release

Date

**THIS SECTION MUST BE NOTARIZED WITH PROPER IDENTIFICATION (AS DESCRIBED IN SECTION B)
PROVIDED TO A NOTARY PUBLIC**

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

_____ Notary _____ County, State
of _____

My commission expires _____