



Cannabis Control Division
Authorization to Release Information

Info Release
V2 5/2023

I, _____ hereby authorize Montana's Cannabis Control Division
(name of individual completing form)

to release information regarding my account as selected below to:

Name: _____
Relationship to me: _____
Address: _____
Email Address: _____
Fax Number: _____

Information should be sent via (check all that apply):

- Mail Email Fax Phone Conversation

The release of information pertains to:

- Sharing medical card account information License account information for banks
Medical history for power of attorney (Standard information shared: good standing, ownership information, license/sites)
Sharing license account information Other

If other, or for clarification of request, describe in detail below:

This form is to authorize CCD to release information to a third party. This form is not to be used to add a manager, controlling beneficial owner, financial interest holder, power of attorney, or other affiliate that controls, manages, represents, or makes decisions on behalf of the business.

Authorization for release expires one year from date signed unless another date is specified: _____

I understand that I can submit a written request to revoke this consent at any time.

Signature

Date

Printed Name

Phone Number

Street Address City State ZIP Code