

Attachment F

**AUTHORIZATION FOR RELEASE OF INFORMATION:
INVESTOR/PROCESSOR AGENT**

Investor/Agent Name: _____

I am an investor or a processor agent applying for a Medical Cannabis Processor License in the State of Maryland.

The Maryland Medical Cannabis Commission (“Commission”) is required by law to conduct an investigation of an Applicant for a Medical Cannabis Processor License. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

Signature of Investor/Processor Agent

Date

NOTARY

I hereby certify that on this _____ day of _____, 20____, before me, the subscriber, a Notary Public of the State of _____, in and for the County of _____, personally appeared _____ (*name of person(s) who make acknowledgement*) and made this affirmation in due form of law that the matters and facts set forth in the _____ (*document to which the person(s) is or are swearing*) are true.

As witness, my hand and notarial seal.

Notary Seal

Signature of Notary Public

Name of Notary Public

My Commission Expires: _____