

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize the recipient of this document to furnish the Mississippi Department of Health with any and all information that you may have concerning me, my criminal record, if any, any professional license I may have, my reputation, and my military service records, if any. You may allow inspection or records by, and copies of these records may be provided to, an authorized representative of the Mississippi Department of Health. Pursuant to Miss. Code Ann. Sections 27-3-83(3)(d), I hereby waive the confidentiality provisions of Miss. Code Ann. Sections 27-3-73, 27-7-83, 27-13-57 and 27-65-81, regarding information relating to any finally determined tax debt I owe to the State of Mississippi, if any, as well as confirmation of whether I am participating in a payment plan with the Mississippi Department of Revenue for payment of any such finally determined tax liability. Other information of a confidential or privileged nature may be included. Your reply will be used by the Department in determining my fitness and eligibility to be granted a cannabis cultivator/processor/disposal/transporter permit.

A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

I hereby release you, your organization and others from liability or damages which may result from furnishing the information requested.

Applicant's Signature

Date

Applicant's Trade Name

SWORN TO AND SUBSCRIBED before me, this the ____ day of _____, _____.

NOTARY PUBLIC

My commission expires:
