



Medical cannabis release of information form

This form is for Utah medical cannabis cardholders to request the Utah Department of Health and Human Services (DHHS) Center for Medical Cannabis release information about the cardholder's medical cannabis card and purchase history to a third party.

Instructions: This form must be completed and signed by the medical cannabis cardholder (patient, guardian, or caregiver) and submitted to the DHHS Center for Medical Cannabis by email with a copy of the cardholder's state or federal government-issued photo ID.

Section 1: Medical cannabis cardholder information

Type of cardholder:	<input type="checkbox"/> patient	<input type="checkbox"/> guardian	<input type="checkbox"/> caregiver
Cardholder name:			
Medical cannabis card EVS registration ID:			
Phone:		Email:	

Include the medical cannabis purchase history.

Section 2: Third-party information

Name:			
Phone:		Email:	

Section 3: Affidavit

I certify that I am a Utah medical cannabis cardholder and I authorize the DHHS Center for Medical Cannabis to send verification of my medical cannabis history to the individual named in section 2. I certify that the information contained in this application is true and correct.

Cardholder signature:		Date:	
Cardholder printed name:			

Email the completed form and a copy of the cardholder's government-issued photo ID to cannabiscompliance@utah.gov.

A verification letter will be emailed to the individual listed in section 2 within 5 business days.