

DISCLOSURE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Cannabis Control Commission - Medical Use of Marijuana Program (“Commission”) may obtain information about you from an investigative consumer reporting agency for registration purposes. Thus, you may be the subject of an “investigative consumer report” (consumer report) obtained for registration purposes, which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These consumer reports may be obtained at any time after receipt of your authorization and, if you are approved by the Commission, throughout your registration.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants for registration is an investigation into your civil and criminal history, business tax, sex offender, National Practitioner Data Bank, and social media, conducted by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048, (800) 536-0093 / (508) 339-5451, http://www.creativeservices.com/html/privacy_policy.html. The scope of this notice and authorization is all-encompassing; allowing the Commission to obtain from any outside organization all manner of consumer reports now and, if you are approved, throughout the course of your registration to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any consumer report.

ACKNOWLEDGMENT

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

Applicant (print name): _____

Applicant (signature): _____ Date: _____