



# AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL BUSINESS INFORMATION

(Commercial Licensees Only)

## **Purpose**

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This form allows a medical marijuana commercial licensee to request and authorize the Oklahoma Medical Marijuana Authority (OMMA) to disclose specified confidential business information to a financial institution for the limited purpose of facilitating financial services for the licensee.

This authorization does not permit OMMA to disclose any patient or caregiver information, seed-to-sale/inventory tracking data, or any information prohibited from disclosure by law.

## **Section 1 – Licensee Information**

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Legal Entity Name of Licensee

OMMA License Number(s)

Additional OMMA License Number(s)

Business Name (DBA), if different

Premises Address

Designated Contact Person

Title/Role

Phone Number

Email

*I represent and warrant that I am authorized to execute this Authorization on behalf of the Licensee.*

## **Section 2 – Financial Institution Information**

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Name of Financial Institution

Type (select one):  Bank  Credit Union  Other Financial Services Provider (describe): \_\_\_\_\_

Mailing Address

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Primary Contact Person

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Title/Role

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Phone Number

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Email

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**Section 3 - Categories of Information Authorized for Disclosure**

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By checking the boxes below, the Licensee requests and authorizes OMMA to disclose to the Financial Institution the following categories of information, to the extent such information is contained in OMMA's records and is not otherwise publicly available:

**A. Basic License and Compliance Status**

- Current and historical license status (active, expired, surrendered, revoked, suspended), license type(s), and effective/expiration dates.
- Status of any outstanding monetary penalties, license revocations, or suspensions imposed by final order.
- Date of last routine compliance inspection and whether any violations remain uncorrected as of the date of disclosure.

**B. Private Business Information (63 O.S. § 427.22(E))**

- "Private business information" as defined in 63 O.S. § 427.22(E), including, but not limited to, information related to the planning, site location, operations, strategy or product development, marketing of an applicant, and other business records maintained by OMMA that relate to Licensee's commercial medical marijuana operations, limited to the following description (attach additional pages if needed):

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**C. Limited Financial and Regulatory Information**

- Information related to payment of license fees, renewal fees, and monetary penalties owed to or paid to OMMA by the Licensee.
- Copies of final administrative orders or consent orders involving the Licensee that are not already public posted.

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**Section 4 – Exclusions and Legal Limitations**

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The Licensee understands and agrees that this Authorization:

1. Does NOT authorize OMMA to disclose:
  - Any patient or caregiver records or information;
  - Dispensary records containing patient-identifying information;
  - Monthly report, inventory tracking, or seed-to-sale data or records;
  - Any information prohibited from disclosure by applicable state or federal law, including but not limited to 63 O.S. §§ 420, 427.7, 427.22, and applicable OMMA rules.
2. Does NOT create any obligation for OMMA or any financial institution to approve or deny any application, account, or service.
3. Does NOT waive any confidentiality protections for any person or entity other than the Financial Institution identified in Section 2.

**Section 5 – Authorization, Waiver, and Duration**

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By signing below, the undersigned, on behalf of the Licensee:

1. Requests and authorizes OMMA to disclose the selected information in Section 3 to the Financial Institution identified in Section 2, for the limited purpose of evaluating and providing financial services to the Licensee.
2. Acknowledges that certain information covered by this Authorization may otherwise be treated as confidential under Oklahoma law, including 63 O.S. § 427.22, and approves the release of those records by OMMA to the identified Financial Institution.
3. Waives any confidentiality protections held by the Licensee as to OMMA’s disclosure of the specific information authorized in Section 3 to the identified Financial Institution, but only for that purpose and only to that institution.
4. Understands that OMMA will maintain a record of disclosures made under this Authorization.
5. Understands that this Authorization is effective upon execution and shall remain in effect until earlier of:

- a. \_\_\_\_\_ (date not to exceed \_\_\_\_\_ years from execution), or  
(mm/dd/yyyy)
- b. Written revocation received by OMMA from the Licensee.  
Revocation will not affect disclosures already made in reliance on this Authorization.

**Section 6 – Signature**

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I certify that I have read and understand this Authorization, that I am authorized to execute it on behalf of the Licensee identified above, and that I am voluntarily requesting and authorizing the described disclosures:

\_\_\_\_\_  
Authorized Representative Name

\_\_\_\_\_  
Title

 \_\_\_\_\_  
Signature of Licensee or Legal Representative

\_\_\_\_\_  
Date mm/dd/yyyy

**Section 7 – Submission**

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Please email the completed form to: [businessdocumentdisclosure@omma.ok.gov](mailto:businessdocumentdisclosure@omma.ok.gov)