



**State of Vermont
Cannabis Control Board**
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Montpelier, Vermont 05620-7001
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Notice of Appeal

Instructions: Please complete all sections of this form.

IMPORTANT: Under 18 VSA § 4473(b)(4)(A), your appeal must be made within 7 days of receipt of a denial notice and signed. Review is limited to the information submitted by you with your application and consultation with your treating health care professional.

I am appealing the denial of a registry identification card.

Name: _____
 (First) (Middle) (Last)

Mailing Address: _____

City, State, Zip Code: _____ Telephone #: _____

Date of Denial: _____ Date of Birth: _____

Describe the reason why you believe the denial was incorrect.

AUTHORIZATION/REQUEST FOR THE RELEASE OF INFORMATION

I hereby authorize and request the Medical Cannabis Program (MCP) to furnish to the Marijuana Review Board (MRB) copies of this form and all documentation submitted with my application for a registry identification card, without reservation. I understand that the MCP will forward the information submitted with my application along with this form to the MRB.

I further consent to the MRB consulting with my treating health care profession, if needed.

This authorization is for the purpose to appeal the MCP's denial of my application to the MRB, in accordance with 18 V.S.A. § 4473. **THIS AUTHORIZATION** is subject to revocation at any time except to the extent that action has been taken in reliance on it. If not previously revoked, this authorization will terminate upon the final decision of the MRB.

(Signature) **REQUIRED**

(Date)

