



State of Hawaii Department of Health  
Medical Cannabis Program



## Request to Invalidate the Electronic Signature Agreement

I \_\_\_\_\_ hereby request to invalidate the Electronic Signature Agreement established between myself and the Department of Health, Medical Cannabis Program. I acknowledge that from the date \_\_\_\_\_ on, I will no longer be able to certify patients or submit applications to the Department of Health.

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Signature

Date

**DOH Received & Recorded Date:**