

Avec vous,
au cœur de votre sécurité

Note: Please read the information below before filling out the form overleaf.

► Information about the authorization for the disclosure of personal information

This form authorizes the Société de l'assurance automobile du Québec (SAAQ) to disclose personal information held in its records concerning you to someone you designate, in accordance with the choices you indicate on the form. Other, more specific forms may be required for some types of information or in certain situations.

► Section 1 – Information on the Person Giving Authorization

You must indicate your full name, address and telephone number in this section.

► Section 2 – Information on the Person Designated as Applicant

You must indicate the full name, position, address and telephone number of the person to whom the disclosure of personal information is authorized.

► Section 3 – Authorization

If you authorize the communication of any and all personal information, fill out all the sections concerning you. If you want to authorize the SAAQ to only disclose certain information, **specify the type of information covered by your authorization**. If applicable, specify the purpose for which you are giving your authorization.

Information you provide on this form will only be used for the processing of your authorization. Only authorized SAAQ personnel or its agents, if applicable, can access this information.

For further details about your rights with regard to the protection of personal information, please call us at one of the following numbers:

Québec area: 418-643-7620

Montréal area: 514-873-7620

Toll-free: 1-800-361-7620 (Québec, Canada, United States)

or write to the person responsible for access to documents and the protection of personal information at the following address:

**Responsable de l'accès aux documents et
de la protection des renseignements personnels**
Société de l'assurance automobile du Québec
Édifice Jean-Lesage
333, boulevard Jean-Lesage, N-6-45
Case postale 19600, succursale Terminus
Québec (Québec) G1K 8J6

► Section 4 – Signature

Your authorization is valid until the expiry date you enter. If you wish to end your authorization before its expiry date, please notify the SAAQ in writing and enclose a copy of this authorization form. If no expiry date is entered, your authorization remains valid for up to six months from the date of signature.

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Note: Please write in block letters.

▶ Section 1 – Information on the Person Giving Authorization

Last name and first name		Telephone	Extension
Street number	Street name		
Municipality	Province	Postal code	

▶ Section 2 – Information on the Person Designated as Applicant

Last name and first name		Telephone	Extension
Position (if applicable)			
Street number	Street name		
Municipality	Province	Postal code	

▶ Section 3 – Authorization

- I authorize the SAAQ to disclose to the applicant named in Section 2 any and all information concerning me that it has in its records (check all boxes).
- I authorize the SAAQ to disclose to the applicant named in Section 2 only the information concerning me indicated below. Specify the type of information and, if applicable, the purpose for which consent is given.

Note : Only personal information concerning you may be disclosed. Information about someone else may not be disclosed without the person's authorization or in accordance with legal provisions to that effect.

- Driver's licence** ▶

Licence number	Reference number
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- Vehicle registration** ▶

Make	Model	Year
Vehicle identification number (VIN)		Licence plate number
- Compensation** ▶

Claim number(s)

- Other matter** ▶

Specify the subject

▶ Section 4 – Signature

This authorization form or its reproduction is valid until:

X	X	X	X	X	X	X	X
Year			Month		Day		

Valid for a maximum of six months from the date of signature

Signature _____ Date (Year-Month-Day) _____