

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.

► 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.

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/privacy or contact the SAAQ's call centre.

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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:

Year	Month	Day
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Signature _____ Date (Year-Month-Day) _____