



Claim Number

Section to be filled out by the accident victim

Section A

Last name at birth

Date of the accident or relapse, as applicable
Year Month Day

First name

Address
Street number Street name

Apartment

P.O. box Municipality

Province or state

Country

Postal code

Section B - AUTHORIZATION TO DISCLOSE INFORMATION

I hereby authorize the SAAQ and the educational institution named below to share, in writing or by telephone, the information needed to determine my eligibility for compensation. Unless it is withdrawn in writing, this authorization is valid until my claim for compensation has been processed.

Signature

Year Month Day

Section to be filled out by the educational institution

Section C

Name of the educational institution

At the time of the accident or the relapse

Was the accident victim **enrolled in a full-time**¹ program of study at your institution?

Yes No

If you answered "No", please go to Section E.

Was the accident victim **admitted to a full-time**¹ program of study at your institution?

Yes No

If you answered "No", what conditions must be met to finalize admission?

1. Full-time: Refers to status as a regular or full-time student under your institution's academic regulations. Students deemed "regular" or "full-time" for the purposes of student loans or grants or education funding are excluded.

Section D

Name of the program

Was the accident victim enrolled in this program as part of active Emploi-Québec or Service Canada measures? Yes No

Level of education in progress

High school 1 2 3 4 5 Regular Vocational training (DVS) Adult general education
CEGEP 1 2 3 ACS University Undergraduate Master's Doctorate Other (specify): _____

Prior to the accident or the relapse, what was the expected date of completion of studies?² Y Y Y Y M M D D

Were the accident victim's studies interrupted following the accident or relapse? Yes No

In the case of an interruption in studies, enter the start and end dates, if known. From Y Y Y Y M M D D to Y Y Y Y M M D D

In the case of a withdrawal enter the date and the reason. Y Y Y Y M M D D

2. Scheduled date of completion of studies if the student had not had an accident or a relapse, and had continued the program on a regular basis.

Section E - DECLARATION

I hereby declare that the information in this form concerning the above-mentioned person complies with our institution's academic regulations.

Signature of the institutional authority

X

Year Month Day

Name of the institutional authority (in block letters)

Title

Telephone

Extension

Protection of Personal Information

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Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

Keep the original or a copy for your files.