

Act respecting Access to documents held by public bodies and the Protection of personal information, CQRL, chapter A-2.1

IMPORTANT

This consent must be joined to the information request.

NOTES : If the request concerns an individual, fill out section 1A. If the request concerns an employer, fill out section 1B.
All applicants must fill out sections 2, 3, and 4.

All fields marked with an asterisk (*) are required.

1A. AUTHORIZATION OF THE PERSON WHO IS SUBJECT OF THE REQUEST

| | | |
|-----------------|---------------|----------------|
| CCQ client no.* | Telephone no. | Email address* |
| Last name* | First name* | |

1B. AUTHORIZATION OF THE EMPLOYER WHO IS SUBJECT OF THE REQUEST

| | | |
|-------------------|---------------------------------------|----------------|
| CCQ employer no.* | Telephone no. | Email address* |
| Employer's name* | Administrator/partner of the employer | |

2. AUTHORIZATION DETAILS APPLIED BY THE PRESENT CONSENT

The person or entity named in section 1A or 1B consents to the transmission of the information or documents mentioned above the CCQ to transmit a copy of the following documents or information, concerning his or her file to the applicant named in section 4*:

The only purpose of this consent is to authorize the communication of the above mentioned information for (reason for the communication)

and the information may not be used for any other purposes.

3. SIGNATURE OF THE PERSON OR BUSINESS CORPORATION/PARTNERSHIP WHO IS SUBJECT OF THE REQUEST

| | |
|--|--------------------|
| Requester's signature* | Date (YYYY-MM-DD)* |
| If you are an owner, an administrator or a partner of the business corporation/partnership, please print your last and first names.* | |
| Note – The person who signs on behalf of an employer must be an administrator, a partner, or the owner. | |

4. APPLICANT

| | | | |
|---------------|---------------|---------------|--------------|
| Last name* | First name* | | |
| Telephone no. | Email address | | |
| No.* | Street* | Apartment no. | P.O. box |
| City* | Province* | Country* | Postal code* |

The present consent is valid for a maximum period of one year from the date of signature of the person concerned and must be presented with each request. The present authorization granted by the present consent will not be recorded in the worker's or employer's file.

N.B.: We recommend that you keep a copy of this authorization in your files.