

IMPORTANT

The present authorization must be accompanied by a written request for information signed by the applicant (the person wishing to obtain the information).

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.
Last name*	First name*

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

CCQ employer no.*	Telephone no.
Employer's name*	

2. AUTHORIZATION DETAILS

The person or entity named in section 1A or 1B authorizes 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 authorization is to communicate 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 EMPLOYER WHO IS SUBJECT OF THE REQUEST

Signature*	Date (YYYY-MM-DD)*
If you are an owner, an administrator or a partner of the employer, 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 (optional)	
No.*	Street*	Apartment no.	
P.O. box	City*	Province	Postal code*

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

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