



IVAC Indemnisation des victimes d'actes criminels

1199, rue De Bleury  
C. P. 6056, succursale Centre-ville  
Montréal (Québec) H3C 4E1  
Tel.: (514) 906-3019  
1 800 561-4822

APPENDIX 4

Authorization to Forward Copy of file

Health insurance number IVAC file number Date of birth (Year, Month, Day)

Identification of the victim or rescuer

Last name First name

Address Street number Street name Apartment number

P.O. Box City/town

Province/state Country Postal code

Father's name

Mother's name

Fill out an authorization form for each organization or professional consulted

Organization (hospital, CLSC, private clinic, etc.) or professional consulted

Name Full address

Documents required

Authorization The authorization must be signed by the victim or rescuer if he or she is 14 years of age or over, or by the guardian if the victim or rescuer is under 14 years of age. I hereby authorize the holder(s) of the file identified on this form to forward a copy of the above-mentioned documents to the Direction de l'IVAC. Signature: Date (Year, Month, Day)

1711-A(05-12)



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