

<p>1. Fill out the form by entering the necessary information in the appropriate spaces.</p>	▶	<p>2. Send the completed document to the <i>Direction générale de l'IVAC</i>:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Online</td> <td style="width: 33%;">By mail</td> <td style="width: 34%;">By fax</td> </tr> <tr> <td>www.ivac.qc.ca</td> <td>1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2</td> <td>1 888 927-0003</td> </tr> </table>	Online	By mail	By fax	www.ivac.qc.ca	1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2	1 888 927-0003
Online	By mail	By fax						
www.ivac.qc.ca	1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2	1 888 927-0003						

1. Information about the person who is a victim (Mandator)

Surname (as shown on birth certificate)	First name	IVAC file N° <input type="text"/>
Address		Telephone
Number	Street	Main
	Apt.	
P.O. Box	City/Municipality	Other
Province/State	Country	Postal code <input type="text"/>
Parent, guardian or person with parental authority over the minor or the incapable person of full age		
Surname, First name		Relationship (mother, father, guardian, etc.)

2. Information about the person or organization authorized to exchange information relating to the person who is a victim's file (Mandatory)

Surname	First name	
Organization (if applicable, e.g., CAVAC, CALAC)		
Address		Telephone
Number	Street	Main
	Suite	Ext.
P.O. Box	City/Municipality	Other
Province/State	Country	Postal code <input type="text"/>

3. Scope of the power of attorney

A. As a mandator, I, the undersigned, hereby authorize the above-named mandatory to act on my behalf with the *Direction générale de l'IVAC* concerning exchange and reception of:

Any information about me, of any nature whatsoever, relating to my file

Only the following information about me relating to my file (specify the nature of the information for which you are authorizing disclosure)

B. This power of attorney is valid:

until (specify the date) , or until I withdraw it in writing.

until my application has been fully processed, or until I withdraw it in writing.

ATTENTION: Only personal information about you will be disclosed. Personal information about another person cannot be disclosed without that person's authorization unless permitted by law.

4. Mandator's signature

	<input type="text"/>
--	----------------------