



Criminal Injuries Compensation Board

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www.cicb.ca

Authorization For Authorized Party

Board File Number:	
Claimant Name:	
Mailing Address:	
Telephone Number:	()

Part 1 - Authorization for the Board

I hereby authorize the Criminal Injuries Compensation Board (Board) to collect confidential information from and release confidential information to the person/organization listed below in Part 3 regarding my claim. I also authorize the Board to deal with that person/organization in the manner described below in Part 2 by responding to the request(s) made and by updating its records regarding my claim.

Part 2 - Authorization for Authorized Party

I hereby authorize the person/organization listed below in Part 3 to do the following (check boxes):

- | | |
|---|---|
| <input type="checkbox"/> Request duplicate letters from the Board on my behalf | <input type="checkbox"/> Request status updates from the Board regarding my claim |
| <input type="checkbox"/> Request reports from the Board that may be required to support my claim | <input type="checkbox"/> Request a copy of my file at the Board |
| <input type="checkbox"/> Advise the Board of any change in my contact information (telephone numbers, mailing address or email address) | |

Part 3 - Name of Authorized Party

Name:	
Name of Organization:	
Mailing Address:	
Telephone Number:	()

Claimant's Declaration

Signature of Claimant

Date