



## Tribunals Ontario

### Criminal Injuries Compensation Board

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## 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