

In order to complete the radiation exposure history of the following individual, a record of (his/her) radiation exposure is needed.

Full name \_\_\_\_\_

S. S. Number \_\_\_\_\_

Period of Employment \_\_\_\_\_

Department \_\_\_\_\_

Authorization for release:

*"I, \_\_\_\_\_ do hereby authorize \_\_\_\_\_  
to provide The University of Louisiana at Lafayette Radiation Safety Office with  
a record of my radiation exposure".*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_