

RSP USE ONLY: SERIES CODE: _____ PART# _____

PAST RADIATION EXPOSURE DATA RELEASE FORM

I, _____, hereby authorize the release of my occupational radiation
(please print name)

exposure history to the University of Alabama at Birmingham/Radiation Safety Office.

PLEASE PRINT

Name of Institution

Address

City State Zip code

Were you issued a personnel monitoring device? _____ Yes _____ No

If yes, name used on badge (maiden name, nickname, etc)

Period of Employment: From: _____ to _____

I hereby authorize the release of my radiation occupational exposure records to the University of Alabama at Birmingham, Birmingham, Alabama.

Employee Signature: _____ **Date:** _____

PLEASE RETURN COMPLETED FORM TO THE ADDRESS BELOW:

ATTN: ITELLA SMITH-SEPENU

Occupational Health and Safety Mailing Address:
445 Community Health Services Building CH19 445
933 19th Street South 1720 2ND AVE S
205.934.2487 BIRMINGHAM AL 35294-2041
Fax 205.934.7487
uab.edu/ohs