



ENVIRONMENTAL HEALTH AND SAFETY
4600 BISON AVE.
IRVINE, CALIFORNIA 92697-2725
FAX NUMBER: (949) 824-8539

TO:

Date:

REQUEST FOR RADIATION EXPOSURE HISTORY

Dear Sir/Madam,

Please furnish the radiation exposure history received at your institution on the individual named below, so that we may complete our records in compliance with both State of California and U.S. Nuclear Regulatory Commission regulations.

NAME:

SOCIAL SECURITY #:

BIRTHDATE:

DOSIMETRY WEAR PERIOD: From _____ to _____

DEPARTMENT:

Thank you for your prompt attention to this matter.

Sincerely,

Debra Hamano
Radiation Safety Officer

I hereby authorize the release of all radiation exposure history records to the University of California, Irvine.

Signature _____

Date _____