

UNIVERSITY OF MISSOURI-KANSAS CITY
RADIATION WORKER DOSIMETER REQUEST FORM

Name: _____ Supervisor/AU: _____

Email address: _____ Phone: _____

SSN _____ - _____ - _____ Date of Birth (MM/DD/YYYY): ____/____/____

Campus Location: _____

Authorization for Release of Exposure History:

Check box if no previous exposure monitoring has been done:

I, _____, authorize the following institutions to release my exposure history to the Division of Radiation Safety, University of Missouri - Kansas City.

Institution and address	Employment Dates

Signature: _____ Date _____

<p>RSOffice Use Only</p> <p>Date Received: _____ Date Evaluated: _____ By: _____</p> <p>Bioassays needed? Y ___ N _____</p> <p>Permanent Badge setup date: _____ Part. Number: _____</p> <p>Temporary Badge issuance notes: (date, badge number) _____</p> <p>Notes:</p>
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