



Office of Environmental Health and Safety

Previous Radiation Exposure Request

Facility/Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Facility Contact \_\_\_\_\_

Phone / Email \_\_\_\_\_

Facility Radiation Safety Official,

I, \_\_\_\_\_, hereby authorize the release of my occupational radiation exposure records to the Mississippi State University Office of Environmental Health and Safety.

(Type or Print Name Clearly)

I was monitored in the department of \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_.

(Month/Year)

(Month/Year)

Please send my exposure records to the address listed below.

Mississippi State University
EH&S Office
P. O. Box 6223
Mississippi State, MS 39762

Alternatively, please e-mail my records to radiationsafety@ehs.msstate.edu.

(Signature)

(Date)



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