
REQUEST FOR RADIATION EXPOSURE HISTORY

Organization: _____

Previous employer or institution where radiation exposure was received

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Fax #:** _____

Attn: _____

Radiation Safety Officer, Supervisor, or Dosimetry Coordinator

To whom it may concern:

Colorado School of Mines maintains records of cumulative occupational radiation doses for persons who participate in the school's radiation dosimetry program. Under the provisions of the U.S. Nuclear Regulatory Commission "Rules and Regulations," Title 10, Part 20.2104, "Determination of Prior Occupational Dose" we request a report of radiation exposure in the current year and lifetime exposure for the following individual:

Last Name: _____ First Names: _____

Date of Birth: _____ SSN or other ID number: _____

Inclusive dates of radiation work: From: _____ To: _____

Please send the requested information to:

Colorado School of Mines
Environmental Health & Safety
Attn: Radiation Safety Officer
1015 14th Street
Golden, Colorado 80401

Office Number: (303) 273-3573

Fax Number: (303) 384-2081

I hereby authorize radiation records administrators at previous educational institutions or places of employments to release records of my cumulative occupational radiation dose history to the above address.

Signature: _____ **Date:** _____

A photocopy or facsimile of this request is as valid as the original.