



# Marshall University Radiation Safety Office

## Exposure History Release Form

In order to complete the radiation exposure history of the following individual, a record of (his/her) radiation exposure is needed.

\*\*This form requires your signature and the signature of a witness. It may not be emailed.

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates of Former Employment: \_\_\_\_\_

Department (where formerly employed): \_\_\_\_\_

Address of former employer's radiation safety office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization for release:

"I, \_\_\_\_\_ do hereby authorize to provide the Marshall University Radiation Safety Office with a record of my radiation exposure."

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the requested information to:

Marshall University  
Radiation Safety Officer  
University Radiation Safety Office BBSC 301J  
One John Marshall Drive  
Huntington, WV 25755-2505