

RADIATION SAFETY BOX 9559 244 MAGRUDER STREET MISSISSIPPI STATE, MS 39762 (662) 325-2787

Previous Radiation Exposure Request

Facility/Institution Name:			
Address:			
Facility Contact			
Phone / Email			
Facility Radiation Safety Offi	icial,		
l,(Type or Print Name Cl	, her	eby authorize the rele	ease of my occupational
			of Environmental Health and
I was monitored in the depar	tment of		
from(Month/Year)	to	(Month/Year)	
Please send my exposure rec	cords to the addres	ss listed below.	
	Mississippi State University EH&S Office Box 9559		
	Mississippi State		
Alternatively, please e-mail n	ny records to <u>radia</u>	tionsafety@ehs.mssta	ate.edu.
(Signature)			(Date)



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(Signature)			(Date)