



**Previous Radiation Exposure Request**

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

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

\_\_\_\_\_

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

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

**Facility Radiation Safety Official,**

I, \_\_\_\_\_, hereby authorize the release of my occupational  
(Type or Print Name Clearly)  
radiation exposure records to the Mississippi State University Office of Environmental Health and  
Safety.

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  
Box 9559  
Mississippi State, MS 39762

Alternatively, please e-mail my records to [radiationsafety@ehs.msstate.edu](mailto:radiationsafety@ehs.msstate.edu).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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