

AUTHORIZATION TO RELEASE RADIATION EXPOSURE INFORMATION

Date: _____

To: _____

You are granted permission to transfer to W. Scott Rone, Radiation Safety Officer of the University of Mississippi, all information concerning my radiation exposure history while I was employed or assigned at _____ during the period from ____/____/____ to ____/____/____.

You are authorized to include in you transfer all information concerning my radiation exposure history acquired by you from other persons, employers, or agencies, if such records are in your possession. Please transmit my radiation exposure record to the above office.

Name : _____

Social Security Number : _____ / _____ / _____

Birthdate : _____ / _____ / _____
 Month Day Year

Sincerely yours,

(signature)