



RCC Form 6
University of Notre Dame
Authorization to Release Radiation Exposure History

TO: _____

ATTENTION: _____

You are hereby authorized to furnish to the Radiation Safety Officer, University of Notre Dame, any or all information concerning my radiation exposure history as developed while I was employed or assigned at during the period from _____ to _____. You are further authorized to include in your transmittal to said person any or 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:

Radiation Safety Officer
Risk Management & Safety
636 Grace Hall
University of Notre Dame
Notre Dame, Indiana 46556

Signature _____

Date _____