



## Authorization to Obtain Exposure Records

In compliance with Chapter 3701:1-38-12 of the Ohio Administrative Code and Ohio Department of Health radiation protection rules, The Ohio State University compiles occupational radiation exposure histories of personnel who have worked with sources of ionizing radiation. Please forward all exposure records as an NRC Form-4, or equivalent, for the period indicated.

I authorize The Ohio State University to obtain my exposure history from:  
(Please be as complete as possible.)

Contact Name & Title: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

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

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

City, State and Zip: \_\_\_\_\_

Your Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates Monitored: \_\_\_\_\_

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

*Please send exposure history to:*

Radiation Safety -- Dosimetry  
Environmental Health & Safety  
The Ohio State University  
1314 Kinnear Road, room 103  
Columbus, OH 43212

e-mail: [radiation.safety@osu.edu](mailto:radiation.safety@osu.edu)

Thank you for your help.