



Exposure History
Release
RS Form 2

In order to complete the radiation exposure history of the following individual, a record of (his/her) radiation exposure is needed.

Full name: _____

University of Louisiana at Lafayette CLID: _____

Authorization for release: "I, _____ hereby authorize all entities listed on this form to provide The University of Louisiana at Lafayette Radiation Safety Office with a record of my radiation exposure".

Signature _____ Date _____

Please send the requested information to: Radiation Safety Officer
University of Louisiana at Lafayette
Vice President for Research - ORSP
P.O. Box 43610
Lafayette, LA 70504-3610

Institution/Organization	Employee ID number	Dates of Employment/ Research Exposure