

The University of Mississippi
Laboratory Services
91 Hickory Lane
University, Mississippi 38677

Authorization to Release Occupational Exposure History Form

As a requirement of the license issued by the Mississippi State Department of Health, the University of Mississippi is required to obtain any past occupational exposure for any person requiring a radiation badge that will work with radioactive materials or radiation generating devices.

This form serves as authorization to transfer the Radiation Protection Specialist of the University of Mississippi, all information concerning my radiation exposure history while I was employed or assigned at _____ during the period from ____/____/____ to ____/____/____.

The information should include 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 referenced office.

Social Security Number: _____

Date of Birth: _____

Title: _____

Name [print]: _____

Signature: _____