

UNIVERSITY OF MISSOURI-KANSAS CITY  
RADIATION WORKER DOSIMETER REQUEST FORM

Name: \_\_\_\_\_ Supervisor/AU: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

UMKC Employee ID#: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

Campus Location: \_\_\_\_\_

**Authorization for Release of Exposure History:**

Check box if no previous exposure monitoring has been done:

I, \_\_\_\_\_, authorize the following institutions to release my exposure history to the Division of Radiation Safety, University of Missouri - Kansas City.

Institution and address	Employment Dates

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

<b>Radiation Safety Office Use Only</b>	
Date Received: _____	Date Evaluated: _____ By: _____
Bioassays needed? Y _____ N _____	
Permanent Badge setup date: _____	Part Number: _____
Temporary Badge issuance notes: (date, badge number) _____	
Notes:	