



**OFFICE OF THE VICE CHANCELLOR FOR RESEARCH**

Division of Research Safety  
102 Environmental Health & Safety Building, MC-225  
101 S. Gregory Drive  
Urbana, IL 61801-3070

---

---

**REQUEST FOR RADIATION EXPOSURE HISTORY**

---

---

**Organization:** \_\_\_\_\_  
*Previous employer or institution where radiation exposure was received*

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Attn:** \_\_\_\_\_  
*Radiation Safety Officer, Supervisor, or Dosimetry Coordinator*

To Whom It May Concern:

The individual named below is currently employed at the Urbana campus of the University of Illinois. He/she has informed us that they were monitored for radiation exposure while employed at your facility. For us to keep accurate records in compliance with **32 Il. Adm. Code 400**, we request a report of all radiation exposure, both internal and external, in the current year and lifetime for this employee.

**Last Name:** \_\_\_\_\_ **First Names:** \_\_\_\_\_

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

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Email:** \_\_\_\_\_

**Inclusive dates of radiation work:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Please send the requested information to:**  
University of Illinois  
Division of Research Safety  
Attn: Radiation Safety  
101 S. Gregory St. MC-225  
Urbana, IL 61801  
Office Number: (217) 333-2755

*I hereby authorize radiation records administrators at previous educational institutions or places of employments to release records of my cumulative occupational radiation dose history to the above address.*

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