

Authorization to Release Occupational Exposure Information

To obtain this authorization, print this form, fill it in, sign it, and either:

1. Fax it to: Dosimetry Office, Fax # (650) 926-3030, or
2. Mail it to: Dosimetry Office, SLAC National Accelerator Laboratory, MS 84, P.O. Box 20450, Stanford, CA 94309

I hereby authorize the SLAC National Accelerator Laboratory (SLAC) to send to the person/institution shown below any and all information concerning the internal and external occupational radiation dose I received while at SLAC.

(Please print all requested information.)

Requestor's Name: _____

Release information to: _____
Person/institution

I prefer that SLAC use the following method to convey the information (check one and provide the relevant information):

- POSTAL SERVICE (slowest method, but most private)

Mailing Address: _____

- FAX (faster, but not as private)

Fax Number: _____

- ELECTRONIC MAIL (fastest method, but the least private)

Email Address: _____

Signature of Requestor

Date