



Chapter 9: Radiological Safety  
Authorization to Release Occupational  
Exposure Information

ENVIRONMENT, SAFETY & HEALTH DIVISION

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URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/radFormExpRelease.pdf>

To obtain this authorization, print this form, fill it in, sign it, and either:  
1. Fax it to: Dosimetry Office, Fax # (650) 926-2837, or  
2. Mail it to: Dosimetry Office, SLAC National Accelerator Laboratory, MS 48, 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.)

Requester'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 Requester

\_\_\_\_\_  
Date