



INSTITUTION: _____

DEPARTMENT: _____

SUPERVISOR NAME, EMAIL & PHONE NUMBER: _____

ADDRESS: _____

Attention: Radiation Safety Officer

Please accept this letter as an official request for the occupational radiation exposure history of the following individual:

Name: _____

Last 4 digits of Social Security Number: _____

Date of Birth: _____

Employment date to the listed institution above: _____

I hereby authorize that my radiation exposure history be released to Vanderbilt University Medical Center.

Signature: _____ **Date:** _____

This information is necessary to fulfill the requirements of Tennessee State Regulation 0400-20-05-.133.

Please mail the information to:

Office of Clinical and Research Safety
Radiation Dosimetry
A-0201 Medical Center North
1161 21st Avenue, South
Nashville, TN 37232-2665

Thank you for your assistance with this important safety requirement. Please do not hesitate to contact OCRS if you are in need of any further information.

Sincerely,

Office of Clinical Research and Safety
Vanderbilt University Medical Center
Office: (615) 322-2057
Fax: (615) 343-4951
radsafety@vumc.org