

Northeastern University



Request for Radiation Exposure History

Date: _____

To Whom It May Concern:

The following individual was associated with your institution and has indicated he/she was occupationally exposed to radiation during that time. In order to comply with the provisions of 105 CMR 120.000, Northeastern University Environmental Health and Safety requests this individual's radiation exposure history (including dosimetry and bioassay reports) while at your facility.

Name: Last, First Maiden	SSN	D.O.B.	From	To

Please forward exposure report to: **NORTHEASTERN UNIVERSITY**
360 HUNTINGTON AVE
OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY
170 CULLINANE HALL
BOSTON, MA 02115

Sincerely,

Christopher S. Bingel
Radiation Safety Program Manager

**CERTIFICATE FOR THE RELEASE OF
RECORDS**

To Whom It May Concern:

I hereby authorize and request that all records of my radiation exposure history be released to office of Environmental Health and Safety of Northeastern University.

Signature _____ Date _____