

**Dosimetry Service Radiation Safety Office  
University of Maryland, College Park  
(301)-405-3985**

**PERSONAL DATA**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Sex M F</b>
<b>Date of Birth</b>	<b>Position/Title</b>	<b>UMID #</b>	
<b>Principal Investigator</b>	<b>Department</b>	<b>Campus Phone</b>	
<b>Campus Email Address:</b>			

**TYPE OF RADIATION (check all that apply)**

<b><u>Beta</u></b>	<b><u>Gamma</u></b>	<b><u>X-ray</u></b>	<b><u>Neutron</u></b>
--------------------	---------------------	---------------------	-----------------------

**PERMANENT MAILING ADDRESS ( where exposure records may be sent)**

<b>Street/Apt</b>
<b>Town</b>
<b>State</b>
<b>Zip Code</b>

**RECORDS OF PREVIOUS DOSIMETRY SERVICE:**

Check here _____ if you have never been issued a dosimeter (badge) .	
_____	_____
Date	Signature

Name/Address where a dosimeter was issued	Date From	Date To

Under the provisions of 10 CFR 19, 29 CFR 19.20, or COMAR 26.12.01 Part D, I authorize the release of and request that all my radiation exposure records be furnished to the Radiation Safety Officer, University of Maryland College Park, Maryland 20742.

Signature:	Date:
------------	-------