



UNITED STATES DEPARTMENT OF ENERGY

REQUEST FOR REPORT OF RADIATION EXPOSURE HISTORY

Full name: First, middle, and last (also indicate maiden name and aliases if applicable):

Social Security Number of the monitored person (or other employee ID number if SSN is unavailable):

Date of birth of the monitored person:

Pursuant to the Privacy Act of 1974, title 10 Section 1008.6 of Federal Code of Regulations, and DOE Order 231.1, DOE is hereby authorized to release to:

Organization, name, firm or individual to receive requested information:

Address:

Radiation exposure monitoring records for the person that may have been monitored while:

Employed by or associated with the following organization:	At the following locations:	During the periods:	
		From	To

All available records for the monitored person.

Signature:

Date Signed:

Indicate if: Monitored Person Parent of a minor or legal guardian of the monitored person

NOTE: Requests for the records of deceased individuals should be submitted under the Freedom of Information Act (5 U.S.C. 552) to the DOE Freedom of Information and Privacy Group, ME-73, phone 202-586-5955.

One of the following must be submitted with this request:

- 10CFR1008.4 requires the requestor to provide a photocopy of two identifying documents bearing his name and signature, one of which shall bear his current home or business address and date of birth. Photocopies of these identifying documents must be submitted with this request.
- If the requestor is unable to produce the above evidence of identity, he is required to submit a notarized statement (example attached) attesting to his identity and his understanding of the criminal penalties provided under section 1001 of title 18 of the United States Code for making false statements to a Government agency and under subsection (i)(3) of the Act for obtaining records under false pretenses.

If you cannot provide the necessary documentation of identification, you must provide statement of your identity, individuals making false statements will be prosecuted pursuant to 18 USC 1001

AFFIDAVIT

State: _____

County: _____

Social Security Number: _____

I, _____ (indicate relationship if needed)
make the attached request pursuant to 10 CFR1008.6. The information contained on the attached
request is true and correct to the best of my knowledge and belief and I am signing this authorization
subject to the penalties provided in 18 U.S.C. 1001.

Signature of the person requesting information

Date

Notarization:
Subscribed and sworn to before me
This _____ day of _____, 20____

Notary Public