



Dosimetry Report Request Form

PLEASE NEATLY PRINT ALL INFORMATION!

Name: _____ Participant #: _____
(Last) (First) (MI)

Phone # (including country code if outside US): _____ Cornell NetId or GuestId: _____

Email address: _____ Send report to your email address? Yes No (Circle one)

Home address: _____ Mail report to your home address? Yes No (Circle one)

Provide records covering: From: ____/____/____

To: ____/____/____

Your signature below authorizes release of your dosimetry records to you and/or other institutions, if requested below. It also authorizes your company or institution(s) to release your dosimetry records to Cornell University Environmental Health and Safety (which may need to request this information in some circumstances).

_____/_____/_____
Your Signature Date

Institutional address for dosimetry records: It is possible that an entity at your company, home institution, or another laboratory that maintains dosimetry records needs direct mailing of your dosimetry report from Cornell EH&S to them. Check the box to request this mailing. In some circumstances Cornell University Environmental Health and Safety may need to request your dosimetry records from some other institution, so please supply the information even if you do not mark below.

Mark here to request that this Cornell dosimetry report be sent to other institution(s) _____

Company/Institution#1 _____ #2 _____

Department _____

Address _____

City/State/Zip Code: _____

Country (if not US) _____

Return to: Radiation Safety Section, EH&S, Cornell University, 395 Pine Tree Road, Suite 210, Ithaca, NY 14850
Also email a scanned version of the completed form to Cornell Radiation Safety Officer Mark Jadick at mgj38@cornell.edu and CLASSE Safety Director Brian Heltsley at bkh2@cornell.edu .