

Authorization to Release Radiation Exposure History

Name: _____

Please Print

Social Security Number: _____ - _____ - _____

Alternate name for records (e.g., maiden name): _____

Authorization to release my radiation exposure records to Temple University is hereby granted.
Photocopies of this release authorization are acceptable.

Signature: _____

Date: _____

RSD Use Only

Institution	Request Date	Follow-up 1	Follow-up 2	Follow-up 3	Received