

**Duke University**  
**Duke University Medical Center**  
Durham, North Carolina  
27710

**Occupational and Environmental Safety Office**  
**RADIATION SAFETY DIVISION**

**BOX 3155**  
**TELEPHONE (919) 684-2194**  
**FAX (919) 668-2783**

**TO WHOM IT MAY CONCERN**

I hereby authorize the release of my occupational radiation exposure records to the  
Duke University/Duke University Medical Center Radiation Safety Officer.

Name (Please print)	
Signature	
Social Security Number	
Date	

Please fax this form back to Radiation Safety at **668-2783**.  
Thank you! ✍