



REQUEST FOR RADIATION EXPOSURE HISTORY

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

Social Security Number of the monitored person:

Date of birth of the monitored person:

Pursuant to the Privacy Act of 1974, Title 10, Section 1008.6 of the Federal Code of Regulations, DOE Order 231.1, and applicable state laws and regulations, Boeing is hereby authorized to release to:

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

Address:

Phone:

Fax:

Email:

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

Signature:

Date Signed:

Indicate if: Monitored Person Spouse Child Legal guardian Representative

SPECIAL NOTICE:

- 1) Please print, complete and return this form by mail, e-mail or FAX. Please provide a photocopy of a driver's license or other proof of identity. A handwritten signature is required on this form.
- 2) If you are a spouse/child of the monitored individual, please provide a signed written authorization from the individual for you to receive this information. If the individual is deceased, please provide a copy of your marriage or birth certificate indicating your relationship to the deceased.
- 3) If you are a non-family member representative of the monitored individual, please provide a signed written authorization from the individual for you to receive this information.

SEND TO:

Earl Sorrels
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