

**LETTER REQUESTING PREVIOUS DOSIMETRY RECORDS:**

Date

(NAME OF FACILITY/PREVIOUS EMPLOYER)  
(ADDRESS)

TO WHOM IT MAY CONCERN:

The U.S. Nuclear Regulatory Commission (NRC) has revised the "Standards for Protection Against Radiation", 10 CFR Part 20. One condition of this revision is that licensees must attempt to obtain the lifetime accumulative dose of a worker for whom monitoring is required.

The individual list on the request for is current employed at \_\_\_\_\_ and was formerly employed at your facility. Please forward the information as to the occupational dose that this individual received while at your facility. The individual, by signing this request form, indicates his/her authorization to release this information.

Thank you for your cooperation in this matter.

Sincerely,

(Director of Radiology)

\_\_\_\_\_  
Employee Authorization Signature

SS# \_\_\_\_\_