

**UNIVERSITY OF NEVADA, LAS VEGAS  
RADIOLOGICAL SAFETY OFFICE  
4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042  
(702) 895-4226**

**Request for Personnel Dosimetry**

Full Name: \_\_\_\_\_  
Last                      First                      Middle

UNLV ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Badge:     Whole Body     Collar     Fetal     Ring    (check all that apply)

Status:     Undergraduate     Graduate     Post Doc     Academic Faculty     Staff     Visitor    (check one)

Authorized User: \_\_\_\_\_ Program/Department: \_\_\_\_\_

THIS YEAR, have you worn a radiation dosimeter at a location other than UNLV?

Check one: Yes    No

IF YES, give the complete name and address of that employer/institution and the dates worked.

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

*I hereby authorize my previous employer/academic institution to release my radiation exposure records to the University of Nevada, Las Vegas. (Radiation Safety Office, UNLV, 4505 Maryland Parkway, Las Vegas, NV 89154-1042)*

Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

Radiation Safety Office Only		
Added to RadPro?	Group #	Trained?
If Spare issued, #?	Badge #	