

REIRS and REMS Records Release Form for an Individual

Request ID Number: _____

This is the REIRS/REMS Request ID number that is generated when you submit the request form. This request ID number is required in order to process your request.



I hereby authorize the release of my radiation exposure records from the U.S. Nuclear Regulatory Commission or Department of Energy. Please provide me with any and all radiation exposure information that is maintained electronically within the NRC REIRS or DOE REMS database. I understand that these records need to be reviewed and certified by me, the monitored individual, prior to being considered as a valid dose record.

Printed name of monitored individual: _____

Signature of monitored individual: _____

Date signed: _____

Phone #: _____

In addition to this signed release form, you must submit a copy of your driver's license, photo ID, or birth certificate in order to verify your identity. Send this verification as an attachment to this release form.

Complete this form and FAX it with a copy of a photo ID to the
REIRS and REMS Records Manager at ORAU.

[FAX: 865-241-4924](tel:865-241-4924) | [Phone: 865-241-3620](tel:865-241-3620)
