



## Request for Radiation Monitoring

### Applicant Information

Name	Department	Date of Birth	Phone Number/Email
UNT EUID #	Frequency	Badge Type: Whole body or/and Ring	

### PREVIOUS OCCUPATIONAL EXPOSURE

Institution Name and Address	Dates of Employment

### Acknowledgement and Signature

By signing below, I agree that the Radiation Safety Program, including ALARA, and the radiation hazards and precautions specific to my department have been fully explained to me and that all information listed on this form is accurate.

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**Applicant (Print Name)**

**Signature**

**Date**

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**Radiation Safety Officer (Print Name)**

**Signature**

**Date**