NV-192
(2/88)

US/DOE
NV

UNITED STATES
DEPARTMENT OF ENERGY
NEVADA OPERATIONS OFFICE
P.O. BOX 98518
LAS VEGAS, NEVADA 89193-8518

REQUEST FOR REPORT OF RADIATION EXPOSURE HISTORY

ON: _____
(PRINT FULL NAME — FIRST, MIDDLE AND LAST, ALSO INDICATE MAIDEN NAME AND ALIASES IF APPLICABLE)

Pursuant to the Privacy Act of 1974, and the U.S. DOE Order 5484.1 or Title 10, Section 1008 of the Federal Code of Regulations, you are authorized to release to:

_____
(ORGANIZATION NAME, FIRM OR INDIVIDUAL TO RECEIVE REQUESTED INFORMATION)

_____
(ADDRESS)

records for the exposed person which may indicate radiation exposure incurred while the person was:

employed by or associated with the following organization(s):	at the following possible exposure location(s):	During the period(s)	
		FROM	TO

_____
(Signature, and indicate if: ( ) exposed person; ( ) relative; ( ) exposed person is deceased)

_____
Date of Birth of exposed person

_____
(Social Security Number of exposed person)

_____
(Employee ID Number, if any, of exposed person)

_____
(Relationship to exposed person)

_____
(Date this form completed)

In addition to the identification given above (and any affidavit required — see back of form), I have enclosed a copy of my

_____
(IDENTIFICATION DOCUMENT* SHOWING FULL NAME, ADDRESS & SIGNATURE, SUCH AS A COPY OF YOUR DRIVER'S LICENSE)

*IF YOU CANNOT PROVIDE THE NECESSARY DOCUMENTATION OF IDENTIFICATION, YOU MUST PROVIDE A NOTARIZED STATEMENT OF YOUR IDENTITY, INDIVIDUALS MAKING FALSE STATEMENTS WILL BE PROSECUTED PURSUANT TO 18 USC 1001.

(see statement on back)

PRIVACY ACT OF 1974

The information requested on this form is required by the Privacy Act of 1974, and Title 10, Code of Federal Regulations, Part 1008.

The purpose for requesting this information is to enable proper processing of your request for radiation exposure information.

The information may be used by DOE and DOE contractor personnel to locate and extract your records.

Failure to provide the requested information may preclude processing your request. Provision of your social security number is voluntary; it is used to guarantee the accuracy of your specific information. However, no penalty or denial will result from your refusal to provide it.

NOTE:

- **FOR PROPER HANDLING OF YOUR REQUEST, PLEASE UTILIZE THE SELF-ADDRESSED ENVELOPE ENCLOSED.**
- As indicated on the face of this form, please do not send original identification documents, only copies.
- If an identification document copy can not be provided, completion of a notarized **State of Identity** will be acceptable.
- In addition, if the requestor is not the exposed person, completion of a notarized **Affidavit** will be required.