

UNITED STATES
 DEPARTMENT OF ENERGY
 CARLSBAD FIELD OFFICE
 P.O. BOX 3090
 4021 NATIONAL PARKS HIGHWAY
 CARLSBAD, NEW MEXICO 88220

**REQUEST FOR REPORT OF RADIATION EXPOSURE HISTORY
 FOR THE WASTE ISOLATION PILOT PLANT**

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 435.1 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 last page),
I have enclosed a copy of my

(Identification document – showing full name, address, and 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 of the U.S. Code (Crimes and Criminal Procedures)

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:

- As indicated on the face of this form, please do not send original identification documents, only copies.
- If an identification document copy cannot be provided, completion of a notarized Statement of Identity will be acceptable.
- In addition, if the requestor is not the exposed person, completion of a notarized **Affidavit** will be required.