

DOSIMETRY REQUEST

Dosimeters are issued to University personnel who handle radioisotopes that emit high energy beta particles, gamma rays, or x-rays. Personnel applying for dosimeters must provide the information below.

1. Complete this section. Please PRINT.

NAME (Last, First, Middle Initial)--	
MAIDEN NAME (if any)--	
SEX (circle one)--	MALE      FEMALE
TEXAS STATE ID NUMBER--	
DATE OF BIRTH (month/day/year)--	
UNIVERSITY DEPARTMENT--	
UNIVERSITY BUILDING--	
UNIVERSITY SUPERVISOR--	
UNIVERSITY PHONE NUMBER--	
E-MAIL ADDRESS--	
ADDRESS TO BE USED when mailing your Annual Radiation Exposure Report--	
PERSONNEL STATUS (circle one)--	FACULTY - STAFF - GRADUATE STUDENT - POST DOC - UNDERGRADUATE STUDENT
RADIATION USE (circle all that apply)--	RADIONUCLIDES - XRAYS

2. Are you **currently** issued radiation dosimeters at an institution other than the Texas State University?

Circle one: YES NO If YES, indicate name of institution(s) and complete mailing address(es) on back of form.

3. During the current calendar year, have you been issued radiation dosimeters at an institution other than Texas State University?

Circle one: YES NO If YES, indicate name of institution(s) and complete mailing address(es) on back of form.

4. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_