

# REIRS and REMS Records Release Form for an Individual

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 for us to verify your identity.

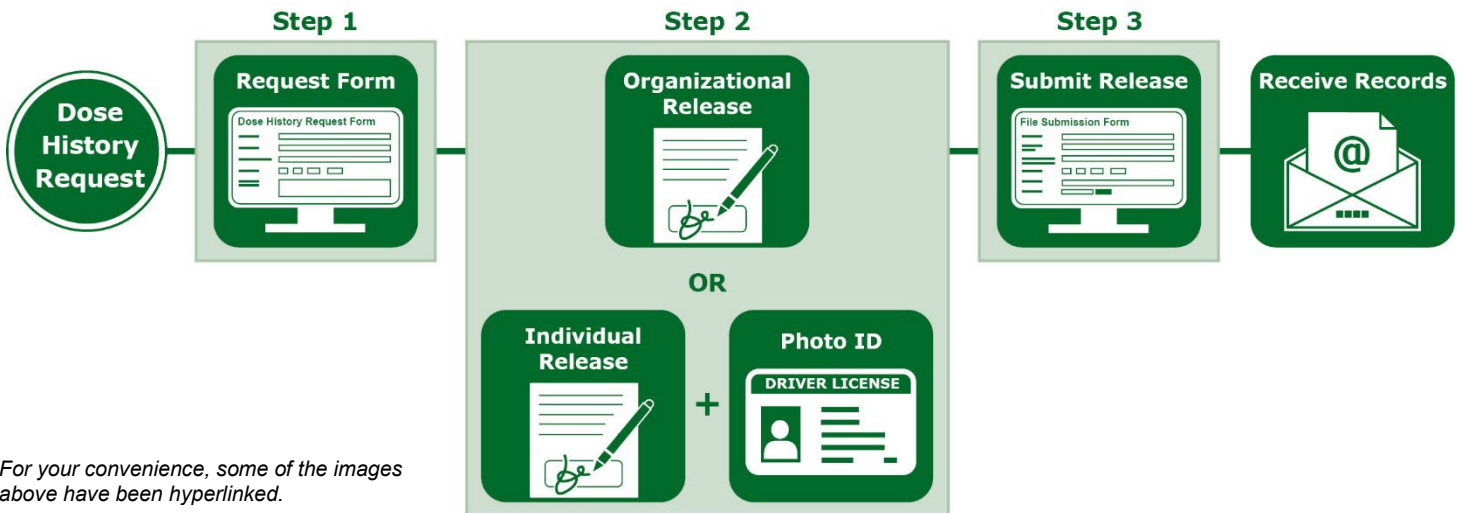
*Simply place driver's license here. Then scan this form or take a photo.*



*Please submit this form, complete with your signature and ID to the following secure web form. For the fields that do not apply, simply enter NA. Be sure to save your file in either jpg or PDF format.*

<https://oriseapps.ora.gov/CER/FileSubmission/Form>

## How to Submit a Dose History Request



*For your convenience, some of the images above have been hyperlinked.*