

# REIRS and REMS Records Release Form for an Organization

---

Request ID Number: \_\_\_\_\_

This is the REIRS/REMS Request ID number that is generated when you submit the request form. This request ID number is required in order to process your request.

---



---

I hereby authorize the release of my radiation exposure records from the U.S. Nuclear Regulatory Commission to the requesting organization identified below. Please provide this organization with any and all radiation exposure information that is maintained electronically within the REIRS 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: \_\_\_\_\_

---

Requesting Organization: \_\_\_\_\_

I hereby certify that I have confirmed the monitored individual's identity and signature on this release form.

Printed name of Requestor: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Date signed: \_\_\_\_\_

Requestor Phone#: \_\_\_\_\_

---

Complete this form and submit it through the online secure portal at  
<https://oriseapps.ornl.gov/CER/FileSubmission/Form>.

Phone: 865-576-5092

---