

Authorization to Release Radiation Exposure History

Drexel University / Tenet HealthSystems Inc.

Name: _____

Social Security No.: _____ - _____ - _____

Alternate name for records (e.g., maiden name): _____

Authorization to release my radiation exposure records to Drexel University (the radiation safety service provider for Tenet HealthSystems) is hereby granted. Photocopies of this release authorization are acceptable.

Signature: _____ Date: _____

RSO Use Only

Institution	Request Date	Follow-up 1	Follow-up 2	Received