

Exposure Records Release Authorization Form

Name: _____ Date: _____

Department: _____ Job Title: _____

Email: _____ Phone number: _____

I request access to the exposure record(s)* for:

Air Contaminant (specify): _____ Noise Other (specify): _____

* Radiation exposure records must be requested from Research Safety at radiation-safety@northwestern.edu

Describe the exposure records requested (job task, job location, substance/agent, date/time period): _____

Purpose for requesting records: Personal use Other (specify): _____

To be completed if the employee is requesting to receive their own record:

Signature _____ Employee ID #: _____

To be completed if the employee designates a representative to receive the record:

I hereby authorize the release of the above specified record to the following:

Name/Organization: _____

Address: _____

Email: _____ Phone number: _____

This authorization form will expire one year from date unless otherwise specified by employee. Employee can revoke authorization in writing at any time.

Employee Signature: _____ Date: _____

To be completed by the individual receiving the record:

I have received the record specified above.

Signature: _____ Date Received: _____

Submit this form to Environmental Health and Safety (EHS) at ehs@northwestern.edu. You will be contacted when the documents are ready to be picked up from the Environmental Health and Safety office. EHS will provide the requested records as quickly as possible. If the records cannot be provided within 15 working days (per OSHA regulations), you will be notified of the reason for the delay and earliest date the records will be available.