

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 ORS 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 – describe _____

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

Signature _____ Employee ID # _____

To be completed if 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 individual receiving the record:

I have received the record specified above.

Signature: _____ Date Received: _____

Submit form to Risk Management Services: Gwen Butler, Director, Environmental, Health and Safety
gwen.butler@northwestern.edu or 847.491.4936

You will be contacted when documents are ready to be picked up. Records can be picked up at:
Risk Management Services, 2020 Ridge Ave, Suite 240, Evanston, IL 60208

Risk Management will provide the requested records as quickly as possible. If we cannot provide access to records within 15 working days (per OSHA regulations), you will be notified of the reason for delay and the earliest date the records will be available.