

Form 8.1  
Office of the Radiation Safety Officer  
Union College  
Schenectady, NY, 12308

**REQUEST FOR RADIATION-BADGE SERVICE**

To \_\_\_\_\_ Date \_\_\_\_\_  
(Office of Radiation Safety Officer)

Please supply radiation badge service of the type noted below until further notice to the person named below.

Please print or type and complete the following:

Visitor \_\_\_\_\_ Faculty \_\_\_\_\_

Staff \_\_\_\_\_ Student \_\_\_\_\_

Wearer's name \_\_\_\_\_  
Last First Middle Initial

Social security number \_\_\_\_\_ Date of birth \_\_\_\_\_

If you do not have a social security number:

Student number: \_\_\_\_\_ Sex: \_\_\_\_\_

Starting date: \_\_\_\_\_ Termination date: \_\_\_\_\_

Badge type: Beta/Gamma \_\_\_\_\_ or Beta/Gamma/neutron \_\_\_\_\_

Delivery point: \_\_\_\_\_ Supervisor \_\_\_\_\_

Department: \_\_\_\_\_ Account to be charged: \_\_\_\_\_

Has wearer previously worked in a radiation area? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give names of employer(s) and dates of employment.

Date	Employer	Address

\_\_\_\_\_  
Authorized signature