

F217

Created 03/02
Revised 10/17



Registrant Authorization for Release of Records

Approved by  Sergei Y. Tolmachev, Director
October 2017

This form is provided in the Registrant packets and is completed by the Registrant when wishing to be considered for participation in the program. This authorizes allows the Registries to retrieve necessary information for studies. The donor and a witness need to sign this to be considered for and maintain active registration.

AUTHORIZATION FOR RELEASE OF MEDICAL AND RADIATION EXPOSURE INFORMATION

I hereby authorize and request you to disclose and furnish my complete medical information, including occupational radiation exposure, to the United States Transuranium and Uranium Registries, Washington State University, 1845 Terminal Drive, Suite 201, Richland, WA 99354. It is understood that no disclosure of such information will be made to any other party in a manner which will identify me. A copy of the signed authorization shall have the same force and effect as the original.

I further release you from legal responsibility or liability for disclosures made as authorized by this release.

<i>DONOR</i>	
Printed Name	Social Security Number
Signature	Date
<i>WITNESS</i>	
Printed Name	
Signature	Date

Sponsored by a grant to WSU from the U.S. Department of Energy

USTUR FORM-0001-0100