

**UND RADIATION BADGE REQUEST FORM**

**Requestor Name (First, Last):** \_\_\_\_\_

**Requestor Date of Birth:** \_\_\_\_\_

**Requestor Phone Numbers: Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Requestor Department:** \_\_\_\_\_

**Requestor Building Name:** \_\_\_\_\_

**Building Stop:** \_\_\_\_\_

**Authorized User:** \_\_\_\_\_

**Sex of Authorized User:**      **Female**      **Male**

**Body Badge:**      **Yes**      **No**

**Finger Ring:**      **Yes**      **No**

**Dominant Hand:**      **Left**      **Right**

**Ring Size:**      **Small**      **Medium**      **Large**      **Extra Large**

**For questions or assistance, please email [UND.Safety@UND.edu](mailto:UND.Safety@UND.edu) or call 701.777.3341. Please return this form to the  
UND Office of Safety by clicking on the SUBMIT button below.**