



**Notification of Minor Using Radiation**

To: Corinne Mitchell, M.S. Radiation Safety Officer

Name:	Signature:
Harvard ID#	Birth Date:
University Telephone:	
University Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Staff	Laboratory Address:
Permit Holder/Faculty Member:	Signature:
Parent Signature:	Date:

With this notice I inform you that I am between the ages 16 and 18 and a member of the Harvard University Community who intends to work with radioactive material or a radiation-generating device. I will be working with the following radiation sources:

Radioactive Material	Typical Activity Use	Form
Laser Media	Laser Class	Mode (CW/Pulsed/Q-Switch)
X-ray Devices	Energy	Output

Please check the following as appropriate:

- I have questions related to the radiation protection and would like a health physicist from Radiation Safety Services to contact me at \_\_\_\_\_.
- I have questions related to the radiation protection and will call a health physicist from Radiation Safety Services at 617-496-3797.
- I do not have questions related to the radiation safety at this time. I understand that I may contact Radiation Safety Services if I have any questions in the future.

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