

**UNIVERSITY OF NEVADA, RENO
EH&S DEPARTMENT
RADIATION SAFETY**

Cancellation or Transfer of Film Badge

Badge Information

All information must be included to process transactions.

Group Series (indicated by three letters on the back of badge) _____

Film badge number(s) (five digit number found to the right of the Group Series) _____

Issued to _____

Cancellation of Badge Service

This cancellation is due to: _____

() Termination of employment. Date: _____

() Termination of Radiation Use. Date: _____

Date: _____

Signature of Supervisor, User or Radiation Safety Office

Date Badge Collected: _____

Transfer of Badge Service

Former Location Series _____ New Location Series _____

Date of Transfer: _____

Signature of Supervisor, User or Radiation Safety Office

Name Change or Name Correction

Former Name _____

New Name: _____

Date: _____