



# OKLAHOMA STATE DEPARTMENT OF HEALTH OPEN RECORDS REQUEST FORM

**In order to complete your request, please read the following instructions:**

- Please complete the form fields below. Required fields are noted by an asterisk (\*).
- Submit the completed form electronically. Select the 'Email' button or attach the PDF form and email to: [OSDHOOpenRecords@health.ok.gov](mailto:OSDHOOpenRecords@health.ok.gov)
  - You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. § 24.A.5. **DO NOT send money prior to receiving notification of applicable fees and the exact amount due.**

**Records requested are sent via email, to the address provided on this form, unless you specify a different method of delivery.**

## REQUEST INFORMATION

*Narrow your request as much as possible. Broad requests that include commonly used terms (health, medical, public, etc.) or requests of information occurring between a lengthy period of time can retrieve thousands of documents, which must be located and reviewed to ensure compliance with confidentiality law, including those prohibiting disclosure of public health information. Reviewing a large number of documents will slow down the process.*

Purpose of Request\* (select one):      Personal      Commercial      Public Interest

Please provide specific date range: \_\_\_\_\_ TO \_\_\_\_\_  
Starting Date (mm/dd/yyyy)      Ending Date (mm/dd/yyyy)

Specify the nature of the records you seek.\*  
*Please provide detailed information to make the search as efficient and timely as possible.*

*Please provide specific search terms, separated by commas:*

## CONTACT INFORMATION

I am a member of the (select one):      General Public      Media

\_\_\_\_\_  
First Name\*      Last Name\*

\_\_\_\_\_  
Business Name      Current Address \*

\_\_\_\_\_  
City\*      State\*      Zip\*      County

\_\_\_\_\_  
Phone Number\*      Email Address\*