



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
 - 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*