

Oklahoma Department of Career and Technology Education Request for Data Processing Reports

Thank you for your interest in the Oklahoma Department of Career and Technology Education. To ensure that we provide the data you need, please complete the following and return to our office.

Name: _____ Date: _____

Occupation or Organization: _____

Job Title: _____ Telephone: _____ Fax: _____

Mailing Address: _____

E-Mail Address: _____

Purpose of Request: (check one) Personal _____ Commercial _____ Public Interest _____

Describe how the information will be used:

Describe in detail the records requested. Include specific information such as school year(s) and school name(s). If the request is for enrollment verification, include your social security number and all names in which you may have been enrolled under.

Signature of Requesting Party

Return to:

Oklahoma Department of Career and Technology Education
Information Management Division
1500 West Seventh Street
Stillwater, OK 74074-4364
Telephone: 405-743-5125
Email: anna.smith@careertech.ok.gov

ODCTE USE ONLY
State Director/ Chief of Staff: _____
Completed By: _____
Date Completed: _____