

## *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: Carol.Hall@careertech.ok.gov

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