

# Oklahoma Board of Dentistry

## Open Records Request Form

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**Records Requested:** Please state with specificity the nature of your request, the records you seek, and the applicable time frames. **This form is only to be used for copies of Board Orders or copies of licensure files.**

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Name of Person Making Request (Please Print)

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

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Company you are affiliated with

E-Mail Address: \_\_\_\_\_

**This form is not for address lists or verification of licensures- please use the appropriate form.**

You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. §§ 24A.1 - 24A.30. Do **NOT** send money prior to receiving notification of applicable fees and the exact amount due.

**Note:** We can process requests pertaining only to records of the Oklahoma State Board of Dentistry. If you seek records from another agency, please direct your request to the specific agency.

**E-MAIL FORM TO:** [Jeff.Puckett@dentistry.ok.gov](mailto:Jeff.Puckett@dentistry.ok.gov)

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