



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:

Starting Date (mm/dd/yyyy)

TO

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*