OPEN RECORDS REQUEST

OKLAHOMA STATEWIDE VIRTUAL CHARTER SCHOOL BOARD

Media General Pub	lic			
Information Requested:				
E-MAIL ADDRESS				
Purpose of Request:	Personal Commercial	Public Interest		
NAME OF PERSON MAKING RE	EQUEST (Please Print Name)			
ADDRESS				
CITY	STATE		ZIP	
PHONE	FAX			
SCHOOL OR COMPANY OF RE	EQUESTOR			
SIGNATURE	DATE			

Any copies will be made in accordance with the fee schedule and procedure established by the Oklahoma Statewide Virtual Charter School Board pursuant to the Oklahoma Open Records Act, 51 O.S. § 24 A. 1 et. seq.

RETURN FORM TO: Oklahoma Statewide Virtual Charter School Board

2501 North Lincoln Boulevard

Suite 301

Oklahoma City, OK 73105

Do NOT send money prior to our notification of the <u>exact</u> amount due. <u>We will contact you when the request is filled</u>. Thank you.