Oklahoma Department of Corrections
Data Request Form

Today's Date:

Name:

Organization:

Job title:

Business Address:

City, State, Zip

Email Address:

Phone:

Other Phone:

How to contact you

- E-mail
- Phone
- Other Phone

When to contact you

- AM
- PM

Request Subject:

Date needed by:

**Please allow 2 weeks for processing.*

Please provide a brief description* of the data you are requesting:

** Attach additional support documents if needed, and list file names in the description field or provide hyperlinks to any referenced documents.*

Once complete, please print a copy for your own records and click the 'Submit by Email' button to the left. Also, forms can be mailed or faxed to:

Evaluation & Analysis
3400 Martin Luther King Avenue
Oklahoma City, OK 73136
(405) 425-2695 PHONE
minzhe.wu@doc.ok.gov

Note: Signatures may be required if this request is not received from the requestor listed in the 'Name' field above.

Submit by Email

Clear Form

Print Form

In House Use Only

Date Received:

Assigned to: