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 'Submit' button or attach the PDF form and email to: OSDHOpenRecords@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.

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: _____ TO _____

Starting Date Ending Date

Specify the nature and format of your request and 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* | Middle Name | Last Name* | Suffix

Business Name | Current Address * | APT/Bldg #

City* | State* | Zip* | County

Phone Number* | Fax Number | Email Address*

CLEAR PRINT SEND