

CHOCTAW-NICOMA PARK PUBLIC SCHOOLS
OPEN RECORDS REQUEST FORM

Request Date: _____

Requestor's Name and Contact Information (Please Print):

Name: _____

Address: _____

City, State, Zip: _____, _____

Phone Number: _____

E-mail Address: _____

Purpose of Request: _____

Documents or Records Requested: _____

Where should the documents and/or records be sent once the request is fulfilled?

ACKNOWLEDGEMENT

I understand and affirm I am requesting records and documents from Choctaw-Nicomoma Park Public Schools as allowed by Oklahoma Statutes 51 §24A.1 – 24A.24 and federal privacy law. I also understand and affirm there are many types of records and documents which are exempt from state and federal freedom of information law and I understand these types of documents and records will not be provided to me. Furthermore, I understand there may be a fee for researching, compiling, copying and transmitting these records to me and these fees must be remitted to the school district prior to the release of any record or document. I also understand all open record requests (along with this form) must be submitted to the Office of the Superintendent, in writing, for the purpose of determining the appropriate personnel to act on this request.

(Signature)

(Date)

(Print Name)

(Organization – If any)