



Public Records Request Form

Complete and submit this form by fax or mail to the address shown above to request public records from Oklahoma Connections Academy. After receiving your request, we will contact you within five (5) days to confirm receipt of your request, advise you whether the records are available for public inspection and, if so, when, and let you know as permitted by law if the School will be charging and how much the requested records will cost if you desire that copies be made. All payment must be submitted by mail using a check payable to "Oklahoma Connections Academy." Please write "Records Request" in the notes line of your check.

Requestor Information

Name		Organization (optional)		
Street Address		City	State	Zip Code
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Home Phone	Work Phone	Cell Phone	Fax	E-mail Address
Preferred method to contact you (check one):		<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone
		<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail	

Records Request Information

Indicate below the address to which the requested records should be mailed, if different from the address listed above. Records may be made available for pick-up at the School's administrative office upon request. Then, list the records you are requesting along with a description of each. If you are requesting a record of meeting minutes, please indicate the date of the meeting. Call the school to obtain a complete list of meeting dates. Copies of records shall be made promptly available upon payment of fees covering direct costs of duplication, plus postage or other delivery charge if such delivery is requested.

Address where records should be mailed: Check here if name and address are the same as those listed above.

Name		Organization (optional)		
Street Address		City	State	Zip Code

Record Type	Description of Record (for meeting minutes, indicate meeting dates)

For Office Use Only (Attach a copy of the check to this form when it is received.)				
Date Request Received	Date Request Reviewed	Date Payment Received	Date Records Mailed	Reviewer's Name
No of Request Type	No of Photocopies	Total Cost of Request	Notes:	