

OKLAHOMA BOARD OF NURSING  
2915 N. CLASSEN, SUITE 524  
OKLAHOMA CITY, OK 73106  
(405) 962-1800 FAX (405) 962-1821

REQUEST FOR RECORDS UNDER THE PROVISIONS OF THE OKLAHOMA OPEN  
RECORDS ACT [51 O.S. § 24.A1-12]

1. Name/address/**telephone** of person requesting records:

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2. Identification of individual whose records are being requested:

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Oklahoma Nursing License Number \_\_\_\_\_

3. Records being requested:

\_\_\_\_\_ Address  
\_\_\_\_\_ Application for licensure or endorsement; current status/history  
\_\_\_\_\_ Complaint, order, disciplinary action contained in public hearing  
\_\_\_\_\_ Other - list specific record/information requested  
\_\_\_\_\_  
\_\_\_\_\_

4. For purposes of assessing costs, this request is for:

\_\_\_\_\_ a. Commercial purposes  
\_\_\_\_\_ b. Media, journalism  
\_\_\_\_\_ c. Other \_\_\_\_\_

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The following costs will apply to Open Records requests: Facsimile fee per page = \$1.00  
[485:10-1-3(a)(3)(G)] Duplication of public records per page = \$0.25 [485:10-1-3(a)(4)(B) and  
51 O.S. § 24 A.5.3] Certification of public records per page = \$1.00 [485:10-1-3(a)(4)(A) and  
51 O.S. § 24 A.5.3] Documents will be forwarded after payment is received in the Board Office.

TO BE COMPLETED BY OKLAHOMA BOARD OF NURSING  
ALL AVAILABLE REQUESTED RECORDS/INFORMATION RELEASABLE UNDER 51  
O.S. § 24.A1-12 RELEASED ON \_\_\_\_\_  
RECORDS: \_\_\_\_\_ VIEWED ONLY; \_\_\_\_\_ COPIED; \_\_\_\_\_ RELEASED BY PHONE/FAX  
# OF PAGES \_\_\_\_\_ COST \_\_\_\_\_