

**TULSA PUBLIC SCHOOLS**  
**Open Records Act Form**

\_\_\_\_\_  
Name (Please Print) Date

Check one:  Parent  Media  Concerned Citizen  Employee  Vendor

Company Name (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone – Residence or Work Fax

E-Mail address: \_\_\_\_\_

Records requested (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for this request: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_  
Date

Disapproved: \_\_\_\_\_  
Date

Reason for disapproval: \_\_\_\_\_  
\_\_\_\_\_

Information released: \_\_\_\_\_  
Date

Total cost: \_\_\_\_\_

\_\_\_\_\_  
Records Access Officer