

**TULSA PUBLIC SCHOOLS  
Public's Right to Know Request**

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: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

**FOR OFFICE USE ONLY**

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

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

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

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

Date \_\_\_\_\_

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

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