

Kansas Dental Board
900 SW Jackson, Room 564-S
Topeka, KS 66612
785-296-6400 Phone
785-296-3116 Fax

OPEN RECORDS REQUEST AND CERTIFICATION

INSTRUCTIONS: Please complete this form for all requests for inspection and/or copying of public records maintained by the Kansas Dental Board.

Name of Licensee _____

Requested information: (please mark your choice)

Licensing information _____

Disciplinary action _____

I hereby acknowledge that access of public records shall be acted upon as soon as possible but no later than the end of the third business day following the date that the request is received (K.S.A 45-218)

I hereby certify that neither the undersigned nor any person authorized by the undersigned intends to and will not (a) use any list of names or addresses contained in or derived from the records of information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (b) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale and property or service to any person listed to any person who resides at any address listed. Violation of this provision is a criminal misdemeanor (K.S.A 21-3914).

Print Name

Signature

Street Address

City, State, Zip Code

Phone Number

FOR BOARD USE ONLY:

Date received _____

Date responded/provided _____ By _____