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| ou-logo | **The University of Oklahoma** |  |

**ELECTRONIC NOTICE OF PRIVACY PRACTICES**

I request to receive the University’s NPP via email at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

I withdraw my request to receive the University’s NPP via email.

I may request a paper copy of the NPP at any time.

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Name Date Address

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Signature

University of Oklahoma Health Sciences Center, University Privacy Official, P. O. Box 26901, Oklahoma City, OK 73129