

# HIV/AIDS Data Request Form

State of Hawai'i, Department of Health, STD/AIDS Prevention Branch, HIV/AIDS Surveillance Program  
3627 Kilauea Avenue, Suite 306, Honolulu, HI 96816

|                             |                            |
|-----------------------------|----------------------------|
| <b>Fax : (808) 733-9015</b> | <b>Tel: (808) 733-4079</b> |
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|                    |              |
|--------------------|--------------|
| 1. Requestor Name: | 2. Position: |
| 3. Phone:          | 4. Fax:      |
| 5. Agency:         | 6. Email:    |

7. Description of Request:

8. Purpose of Data (For Use Solely as Stipulated)

### Office Use Only

|                   |                   |                    |
|-------------------|-------------------|--------------------|
| 1. Date Received: | 2. Date Approved: | 3. Date Completed: |
| 4. Note:          |                   |                    |
| 5. Staff:         |                   |                    |