



Client Records Request Form

This form is for clients who are requesting a copy of their own client records from the San Francisco Department of Homelessness and Supportive Housing. Please submit via email to hsh.privacy@sfgov.org or mail/drop off this form at HSH's main office at 440 Turk Street, San Francisco, CA 94102.

Client Contact Information:

Form with fields for First, Last, Pronouns, Date of Birth, Last four digits of SSN, Phone, and Email.

What records are you requesting?

Form with a large text area and a 'Time Period Requested:' label.

To help us get you the right information, please explain why you need these records:

Large empty text box for explaining the need for records.

I would like my records to be released via: Email (if different from above: _____)

Pick up hard copy at 440 Turk St. San Francisco, CA

Data Release Authorization: I hereby consent and authorize HSH to release the data related to the above request. I certify that this form is completed by the individual requesting their own personal data or an authorized representative. If I am requesting this information on behalf of the individual, I certify that I have received consent from the individual to request and access their data.

Signature: _____ Date: _____

For Office Use Only:

Form with fields for Date Received, ONE ID, Date Fulfilled, and Staff.