Iowa Department of Public Health

Inactivate User Request Form

Please complete as much information as you can *(print clearly, and in ink)* and fax or mail the signed form to the address at the bottom of this document. If you are inactivating your entire user account, return your security token along with this form.

☐ **Inactivate Entire User Account** **Token Serial#** _____

☐ **Inactivate User Account for this application only:** _____

Name (First, Middle, Last): _____ _____ _____

Email: _____ Date of Birth: ___/___/_____

Driver's License#: _____ Issuing state of DL#: _____

Organization: _____

Organization Id#: _____ Organization Phone#: ( ) _____

User Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Reason for Inactivation:

FOR IDPH USE ONLY:

Authorized Program Staff Signature: _____ Phone: _____

Date Received: ___/___/_____

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY: Date Inactivated: ___/___/_____

Initials: _____

Fax to 515-242-6013 or Mail to:
Iowa Department of Public Health
Bureau of Family Health
ATTN: Jinifer Cox
321 E. 12th St
Des Moines, IA 50319-0075