

Iowa Department of Public Health

User Change Request Form

Please complete (print clearly, and in ink) and mail original signed form to the address at the bottom of this document.

Name of User \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Issuing state of DL#: \_\_\_\_\_

Change of Name:

Original Name (First, Middle, Last): \_\_\_\_\_

New Name (First, Middle, Last): \_\_\_\_\_

Agency Employment Change:

Original Employment Agency: \_\_\_\_\_

New Employment Agency: \_\_\_\_\_

Change of Email Address:

Original Email: \_\_\_\_\_

New Email: \_\_\_\_\_

Change of Rights:

FOCUS Security Rights (select only one):

- WIC Coordinator, Support Staff Admin, View Only, CPA Admin, Support Staff, CPA, Scheduler only, Non-CPA Professional, LA Reports Only

Organization: \_\_\_\_\_ Org. Phone#: ( ) \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR IDPH USE ONLY:

Authorized Program Staff Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Received: / /

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

Date Completed: / /

EMAIL SIGNED FORM TO: WICHD@idph.iowa.gov