

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.

Inactivate Entire User Account

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: _____

Coordinator 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: _____

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