

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: _____ Date Received: / / Phone: _____

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

Date Completed: / /

MAIL OR FAX SIGNED FORM TO: Iowa Department of Public Health, Bureau of Nutrition and Physical Activity, 321 E. 12th St, Des Moines, IA 50319-0075, ATTN: WIC Helpdesk