

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: _____

Fax to 515-281-4913 or Mail to:
Iowa Department of Public Health
Bureau of Nutrition and Physical Activity
ATTN: WIC Helpdesk
321 E. 12th St
Des Moines, IA 50319-0075