

Health and Human Services

Inactivate User Request Form

Please complete as much information as you can and email the signed form to the email 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 HHS Use Only:

Authorized Program Staff Signature: _____

Phone: _____ Date Received: _____

For the Department of Management Use Only: Date Inactivated: _____

Initials: _____

**email signed form to:
wichd@hhs.iowa.gov**