

Iowa Department of Public Health

User Change Request Form

Please complete and email original signed form to the email 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, BF PC, CPA, Scheduler only, WIC Direct, Non-CPA Professional, LA Reports Only, IMPA

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