

Iowa Department of Public Health

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 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**