## **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. If you are inactivating your entire user account, return your security token along with this form.

☐ Inactivate Entire User Account	Token Serial#
☐ Inactivate User Account for this application only:	
Name (First, Middle, Last):	
Email:	Date of Birth: / /
	Issuing state of DL#:
Organization:	
Organization Id#:	Organization Phone#: ( )
User Signature:	Date:
Supervisor Signature:	Data:
Reason for Inactivation:	
FOR IDPH USE ONLY:  Authorized Program Staff Signature:  Date Received: / /	Phone:
FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:	Date Inactivated: / /
	r Mail to

or Mail to: Iowa Department of Public Health

ATTN: 321 E. 12th St

Des Moines, IA 50319-0075