

Iowa Department of Public Health

User Change Request Form

Please complete (print clearly, and in ink) and mail original signed form to the address at the bottom of this document.

Name of User _____

Do you currently have an IDPH security token? Yes [] No []

If yes, enter Serial number from back of token _____

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: _____

Organization: _____ Org. Phone#: () _____

Supervisor Signature: _____ Date: _____

FOR IDPH USE ONLY:

Authorized Program Staff Signature: _____ Phone: _____

Date Received: / /

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

Date Completed: / /

MAIL OR FAX SIGNED FORM TO: Iowa Department of Public Health Bureau of Disease Prevention ATTN: Amy Wadlington 321 E. 12th St Des Moines, IA 50319-0075