Reset Form

# USER REMOVAL

State Form 52309 (R3 / 10-25)
INDIANA DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM

| Internal Use Only |
| --- |
| IRMS |
| Facility |
| De-Activation Date |

*INSTRUCTIONS:* *1. Complete this form.*
*2. Return via email to CHIRPAccess@health.in.gov or mail to:*
*Immunization Dept.; 2 North Meridian Street, Section #3N-22, Indianapolis, IN 46204*

This is a request to remove the following CHIRP User from the CHIRP Program:

First Name: _____ Last Name (*List all names used.*): _____

Facility: _____

Address (*number and street, city, state, and ZIP code*): _____

_____

County: _____

Submitter Name: _____ Submitter Email: _____

Submitter Phone: _____ **REMOVAL DATE** (*month, day, year*): _____

_____ _____
Signature Date (*month, day, year*)
*Office Manager or Authorized Representative*

**For immediate removal, please email to the CHIRP Support Center at CHIRPAccess@health.in.gov*

CHIRP
Children and Hoosiers Immunization Registry Program

Indiana Department of Health