



USER REMOVAL

State Form 52309 (9-05)

Indiana State Department of Health, Immunization Program

INSTRUCTIONS: 1. Complete and return this form

Internal Use Only
IRMS
Facility
De-Activation Date

User Removal Form

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

First Name: _____ Last Name: _____

Facility: _____

Address: _____

County: _____

DATE TO REMOVE: _____

Signature Date
Office Manager or Authorized Representative

Send Completed Form to:

CHIRP Support Center
Indiana State Department of Health
Immunization Program, 6A-22
2 North Meridian Street
Indianapolis, IN 46204

**For Immediate Removal, please fax to the CHIRP Support Center at 317-233-8827.*



Indiana State
Department of Health