

# Term or Change User



Please complete and  
fax to 208-803-0031 or  
email to [support@idahohde.org](mailto:support@idahohde.org)

Name of the Data Provider [Organization] : \_\_\_\_\_

Security Administrator (SA): \_\_\_\_\_ Date: \_\_\_\_\_

SA Email: \_\_\_\_\_ SA Phone: \_\_\_\_\_

Security Administrator Signature: \_\_\_\_\_

## TERMINATION

First Name, Last Name	Termination Date & Time	Provider	Staff

## NAME CHANGE

Previous Name	New Name	New Email Address