



USER REMOVAL

State Form 52309 (R2 / 8-16)
Indiana State Department of Health, Immunization Program

Internal Use Only
IRMS
Facility
De-Activation Date

- INSTRUCTIONS:**
1. Complete this form.
 2. Return via fax to 317-233-8827 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: _____

DATE TO REMOVE *(month, day, year):* _____

Signature
Office Manager or Authorized Representative

Date *(month, day, year)*

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