

Term or Change User



*Please complete and
fax to 208-803-0031 or
email to 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