



# EXTERNAL BUSINESS PARTNER ACCESS REQUEST FORM

**PROCESS:** This form must be filled out with information from the Business Partner.  
An External Access Agreement must also be completed and signed.

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## CONTACT INFORMATION

Business Partner Company Name: \_\_\_\_\_

Business Partner Contact: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Business Partner Company Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Allina Business Contact Name: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Date of Request: \_\_\_\_\_

Estimated Frequency of Use: Hours per \_\_\_\_ (circle one) Day Week Month

Expected Duration Access Will be Needed: \_\_\_\_\_

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## TECHNICAL INFORMATION

Business Purpose of the Connection: \_\_\_\_\_

Server and/or Applications Needing Access To: \_\_\_\_\_

Access Type (Telnet, Browser, etc): \_\_\_\_\_

Comments: \_\_\_\_\_

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## TO BE COMPLETED BY I.S.

Set up By: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_