



## AFFILIATE ACCESS ADMINISTRATION FORM

The purpose of this form is to identify the Affiliate “access administrator” for your organization. This person will be responsible for signing each individual access request form. The Swedish access team will only accept signed access requests (or termination of access requests) signed by this individual.

**All information is required to process your request.**

Questions? Email [affiliateaccess@swedish.org](mailto:affiliateaccess@swedish.org)

### INSTRUCTIONS for filling out this form:

- Save this form. Complete all information (to do this electronically, use the TAB key). Print the completed form.
- Fax the completed and **signed** form to Swedish at 206-860-6552.

### Affiliate Organization Information

*Hit “Tab” to navigate to the next field*

Affiliate Corporate Name:

Address:

Address Line 2:

City:

State:

Zip:

Main Phone:

Main Fax:

### Contact Information

*Hit “Tab” to navigate to the next field*

#### Office/Group Manager

Name:

Title:

Phone:

Office Email:

#### Information Technology Contact

Name:

Title:

Phone:

Office Email:

**Affiliate Access Administrator** (*NOTE: This person must be an employee of the Affiliate and authorized to legally bind and conduct business on behalf of the Affiliate. This person coordinates all access to Swedish Systems for the Affiliate organization. This may or may not be the manager.*)

Name:

Title:

Phone:

Office Email:

### AFFILIATE ACCESS ADMINISTRATOR SIGNATURE (**REQUIRED**):

Signature:	Date:
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RETURN THIS FORM TO SWEDISH VIA FAX: (206) 860-6552