

Vivant Health SFTP Request Form

**Instructions: Please DOWNLOAD and fill out the form.
For responses that have “Choose an item,” please click on it and then click on the resulting down arrow to select a response from the drop-down menu.**

Primary contact name: _____

Primary contact email address: _____

Primary contact phone number: _____

Number of expected users: _____

If more than one expected user, please provide additional contact information:

IP address(es)/ranges allowed to access Vivant Health’s SFTP server: _____

Software/method of access: _____

Is access manual, automated, or both? Manual Automated Both

Do you have a private-public key pair? Yes No

If you have a private-public key pair, can you provide the public key to us? Yes No

If “no,” why not? _____

If you don’t have a private-public key pair, can your IT department create one for your use? Yes No

If assistance is needed, please let us know: _____

File transfer options: _____

Any further questions, comments, or concerns?

