Name	T:41
ivarne:	Title:
Address:	
Phone:	Email:
The designated representative for the	Provider for this DPA is:
Name:	Title:
Address:	
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VITNESS WHEREOF, LEA and Provider exec	ute this DPA as of the Effective Date.
:xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	wnship HS District 203
Michael Marassa	Date:
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ted Name:	Title/Position:
y: <u>Brian Tobin</u>	Date: <u>2021-08-23</u>
rinted Name: <u>Brian Tobin</u>	Title: <u>Director of Technology</u>
mica Name. <u>Brian robin</u>	Title. <u>Birector or recrimology</u>
CHOOL DISTRICT NAME: Central CUS	D 301
ESIGNATED REPRESENTATIVE OF L	
ame: Brian Tobin	

Name: Brian Tobin

Title: Director of Technology

Address:

Phone: <u>8474646005</u>

Email: brian.tobin@central301.net