Name:	Title:
Address:	
Phone:En	nail:
The designated representative for the Providence	der for this DPA is:
Name:	Title:
Address:	
Phone:En	nail:
WITNESS WHEREOF, LEA and Provider execute th	in DDA an afth a Effective Data
Now Trior Townsh	
	ip HS District 203
Michael Marassa	ip HS District 203
Michael Marassa	ip HS District 203 Date: Title/Position:
Wichasl Warassa  ated Name:  By: <u>demetrio salazar</u>	ip HS District 203
A:xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ip HS District 203  Date: Title/Position:  Date: 2021-09-03

Title: IT lead

Address: <u>1023 college ave</u> Phone: <u>8158785681</u>

Email: dsalazar@hscud5.org