The Subscribing LEA and the Provider ______shall therefore be bound by the same terms of this DPA.

BY: <u>Heather Nelson</u>

Date:_____

Printed Name:_____

Title/Position: _____

SCHOOL DISTRICT NAME: _____

DESIGNATED REPRESENTATIVE OF LEA:

Name

Title _____

Address _____

Telephone Number	
------------------	--

Email	

COUNTY OF LEA: