The Subscribing LEA and the Providerbound by the same terms of this DPA.	shall therefore be
BY:	
Date:	
Printed Name:	
Title/Position:	
SCHOOL DISTRICT NAME:	
DESIGNATED REPRESENTATIVE OF LEA:	
Name	
Title	
Address	
Telephone Number	
Email	
COUNTY OF LEA:	

Page 15 of 15 © MTSBA MTDPA v3 with Exhibit A