

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

BY: Crystal Kain  
10/30/2023  
Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

SCHOOL DISTRICT NAME: \_\_\_\_\_

DESIGNATED REPRESENTATIVE OF LEA:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

COUNTY OF LEA:

\_\_\_\_\_