

The designated representative for the LEA for this DPA is:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

The designated representative for the Provider for this DPA is:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

IN WITNESS WHEREOF, LEA and Provider execute this DPA as of the Effective Date.

LEA [_____]

By: Dale Roberts Date: 10/24/2022

Printed Name: _____ Title/Position: _____

By: Tanner Polatis

Date: 2025-08-29

Printed Name: Tanner Polatis

Title: IT

SCHOOL DISTRICT NAME: Summit Academy

DESIGNATED REPRESENTATIVE OF LEA:

Name: Tanner Polatis

Title: IT

Address: 1225 East 13200 South

Phone: _____

Email: tanner.polatis@summitacademyschools.org