

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

BY: _____

Date: _____

Printed Name: _____

Title/Position: _____

SCHOOL DISTRICT NAME: _____

DESIGNATED REPRESENTATIVE OF LEA:

Name _____

Title _____

Address _____

Telephone Number _____

Email _____

COUNTY OF LEA:

~~DEA~~ Subscribing LEA and the Provider Cengage Learning, Inc. shall therefore be bound by the same terms of this

By: Matthew Torix

Printed Name: Matthew Torix

Date: 2024-06-24

Title/Position: Superintendent

SCHOOL DISTRICT NAME: Laurel Public Schools

DESIGNATED REPRESENTATIVE OF LEA

Name: Administrator

Title: Technology Staff

Address: 410 Colorado Laurel, MT

Telephone Number: 4066283333ext3345

Email: admin@laurel.k12.mt.us

COUNTY OF LEA: Montana