	the education cooperative	
	Service Sign Up Form	
authorized to digitally sig * Required		
Service Type *		
O New		
Renewal		
Organization Name * Enter your district name and	SAU number (if applicable)	
Address *		
0:4.*		
City *		

State *	
Choose -	
Zip *	
Authorized Signer This person is usually the Technology Director and will be (digitally) signing hundreds of Data Privacy Agreements (DPAs).	
Authorized Signer Name *	
Arcthonized Sienen Title *	
Authorized Signer Title *	
Authorized Signer Email *	

Secondary Contact Name \*

Seconda	ary Contact Title *
Seconda	ry Contact Email *
Seconda	ry Contact Phone *
Number	of Students *
Enter the	number of students enrolled in the district (SAU) based upon the most recent October 1st enrollments in annual district registration fee is calculated based on the number of students enrolled x \$1.00 p
	lus a \$200 Administration fee. There are fee caps for large school districts.
Service	Start Date
	T FILL THIS FIELD OUT***. ***DO NOT EDIT***
MM DE	ΥΥΥΥ
/	

Service End Date * New Enrollees Only - Please specify your desired service end date (usually June 30th) Maximum 1 year. ***Renewal Clients - Do not edit this date*** MM DD YYYY
Electronic Signature By typing your name below, you are electronically signing a service agreement and are authorized to do so by the Organization referenced above. As a party to the aforementioned Agreement, you affirm this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.
Signatory Name *
Signatory Title *
Submit Never submit passwords through Google Forms. This form was created inside of The Education Cooperative. Report Abuse

