

# Academic Select Signature Form

Agreement number **01S6D502**

Agreement Public Customer number (PCN)



SGN- Proposal ID

*Microsoft to complete*

**Note:** Enter the applicable active numbers associated with the below documents. Microsoft requires the associated active number be indicated here, or listed below as new.

This signature page sets out the documents entered into under this signature page and together along with the terms and conditions contained therein are part of the contract(s) identified above. This program signature page and all attachments identified are entered into between the Institution and Microsoft Affiliate signing, as of the effective date identified below.

Contract/Document Description	
<Choose One>	Document Number or Code
<Choose One>	Document Number or Code
<Choose One>	Document Number or Code
<Choose One>	Document Number or Code
Academic Select Renewal Form	X20-00360
Contract Description	Document Number or Code
Contract Description	Document Number or Code
Contract Description	Document Number or Code
Contract Description	Document Number or Code

**Representations and warranties.** By signing below, Institution attests they have received copies of the contract document(s) listed above, and the parties agree to be bound by the terms of the contract(s) and document(s) identified above, and Institution represents and warrants that (1) Institution has read and understands the terms therein, including all documents it incorporates by reference and any amendments to those document(s) and (2) agrees to be bound by those terms.

<i>Institution</i>	<i>Contracting Microsoft Affiliate</i>
Name of Entity * Sarasota County School Board	<b>Microsoft Licensing, GP</b>
Signature * _____	Signature
Printed Name * Caroline Zucker	Printed Name
Printed Title * School Board Chairman	Printed Title
Signature Date *	Signature Date (date Microsoft affiliate countersigns)
Tax ID	Effective Date (may be different than our signature date)

\* indicates required field

**Optional 2<sup>nd</sup> Institution signature (if applicable)**

*Institution*

Name of Entity \*

Signature \* \_\_\_\_\_

Printed Name \*

Printed Title \*

Signature Date \*

If Institutions requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form. If no media form is included, no physical media will be sent.

After this signature page is signed by the Institution, send it, along with completed documents, to Institution's channel partner or Microsoft account manager who must submit them to the following address. When the signature page is fully executed by Microsoft, Institution will receive a confirmation copy.

***Microsoft Licensing, GP***

Dept. 551, Volume Licensing  
6100 Neil Road, Suite 210  
Reno, Nevada USA 89511-1137

Prepared By: