

**CONTRACT REQUEST FORM FOR
EDUCATION AFFILIATION AGREEMENTS**

SCHOOL NAME _____

CURRENT MEDITRACT # (if applicable) _____

NOTICE TO PARTIES:

School Address: _____

Attention (title only): _____
Facsimile: _____

Program Address
(if applicable): _____
Attention (title only): _____
Facsimile: _____

School Legal Counsel:
(if applicable) _____
Facsimile: _____

SIGNATURES (name, credentials and title)

On Behalf of School*: Name: _____
Title: _____

On Behalf of Program: Name: _____
(if applicable) Title: _____

LIST OF PROGRAMS

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***Please verify this person is authorized to sign on behalf of the School.**