

**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**

|   |   |
|---|---|
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |

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