

License Agreement for AAF-NSAC Participant Institutions

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Name of Participating University (Licensee):

Street Address:

City, State, ZIP:

Phone:

E-mail Address:

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7. AUTHORITY; ENTIRE AGREEMENT:

The individual executing this Agreement on behalf of LICENSEE has full authority to commit LICENSEE to the terms and conditions of this Agreement.

IN WITNESS WHEREOF, SRDS and LICENSEE have executed this Agreement to become effective as of the Commencement Date.

ON BEHALF OF SRDS

By: _____

Name: _____

Title: _____

Date: _____

ON BEHALF OF LICENSEE

By: _____

An authorized person

Name: _____

Title: _____

Date: _____

**PLEASE SUBMIT ALL COMPLETED
FORMS TO:**

NEXT@SRDS.COM

AUTHORIZED USERS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.