New York State Microsoft Select and Education Select License Program  
NYS-OGS Group 76000. Award 22722, Contract PS66134  
Reseller - Dell

In order to receive software license and/or License Key for any MS Select product under the New York State Microsoft Select and Education Select License Program, the following information must be provided here for each License.

Department Name: ____________________________________________

Contact Person’s Name: ________________________________________

End User’s Name: ___________________________ SBUID#: ____________

End User’s Name: ___________________________ SBUID#: ____________

End User’s Name: ___________________________ SBUID#: ____________

End User’s Name: ___________________________ SBUID#: ____________

Mailing Address: _____________________________ Zip+4 ____________

E-mail address: _____________________________ Phone # ____________

This is the cost of the License only no media supplied.

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<tr>
<th>Product Name</th>
<th>MS Part #</th>
<th>Unit Price</th>
<th>QTY</th>
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<tr>
<td>Visio Std 2013 ALNG MVL</td>
<td>D86-05324</td>
<td>$ 26.48</td>
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<tr>
<td>Project Std 2013 ALNG MVL</td>
<td>O76-05273</td>
<td>$ 59.98</td>
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Is access to installation software needed? Yes/No

Certified Department Support Technician’s Name: ____________________________

You must attach a completed and signed “Certified Department Support Technician” form annually. All items above and below require a License Key, it will supplied to Certified Department Support Technician by DoIT, after DoIT receives the appropriate assurances of confidentiality. DoIT will maintain a file for one Fiscal Year of all Certified Department Support Technician forms, so if your Technician has already been approved to do these installations and has a current signed form on file you do not need to submit an additional form.

For additional product price list see http://www.ogs.ny.gov/purchase/snt/awardnotes/7600022722can.htm

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Stony Brook University
Microsoft License Agreement
Certified Department Support Technician Approval Form
(Separate Forms needed for Each Department)

Dean/Director/Department Administrator

Name:  _________________________________________________

Department Name:  ________________________________ Phone:  ________________

Address:  _______________________________________________ Zip:  __________________

E-mail :  __________________________________________________________________________

I hereby certify the individual identified below is our Department Support Technician

Signature:  _______________________________________________ Date: __________________

Certified Department Support Technician

Name:  ________________________________ Phone:  ________________

Campus Address:  ________________________________ Zip:  _________________

E-mail:  ___________________________________________________________________

It is the Stony Brook University's policy to prohibit software piracy, copyright infringements and unauthorized use of any software product.

As Department Support Technician for this department I agree to the following:

1. I will read and abide by the license agreement associated with this software and University Policy P109 - Responsible Use of Information Technology.
2. I am aware that a license is required for each machine I am installing this software on.
3. I understand that I will be held responsible for any unauthorized use of this software. I also understand these licenses are to be installed on University or Medical Center owned machines only.
4. I agree to keep records of all installations of licensed software products and agree to remove those products if agreement calls for such action.
5. I will endeavor to procure the correct number of server licenses and client access licenses for products that require both.
6. I agree to identify myself as the first level of support to the end user and to follow software manufacturer’s and DoIT’s procedures for seeking support and reporting problems.

The Certified Departmental Support Technician needs to sign below agreeing to adhere to all of the requirements stated above.

Signature:  _______________________________________________ Date:  ___________________

Return completed and signed License Agreement and Material & Service Requisition to:

Division of Information Technology
Business & Administration Office
ECC Building, Room 237
Z = 2610