

# ACADIA UNIVERSITY

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IN WITNESS WHEREOF, the parties have executed this Agreement by their respective, duly authorized representatives as of the date first above written.

**LICENSOR**

**LICENSEE**

**The Governors of Acadia University**

\_\_\_\_\_

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

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

**Printed Name:** Sara Lochhead

**Printed Name:** \_\_\_\_\_

**Title:** Vice-President, Enrolment &  
Student Services  
University Librarian

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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**License Administrator (Licensor):**

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