

**Stony Brook University
Microsoft License Agreement**

Certified Departmental Support Technician Installation Only

New York State Microsoft Select and Education Select License Program
NYS-OGS Group 76304. Award 18766, Contract PT61408
Agreement # 01S62996

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: _____ Phone: _____

Address: _____ Zip+4 _____

E-mail address: _____

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

<u>Product Name</u> (All Languages)	<u>MS Part #</u>	<u>HP Part #</u>	<u>Unit Price</u>	<u>QTY</u>
Office Sharepoint Designer 2007	79Q-00169	79Q-00169-ZZ	\$ 34.92	_____
Project 2007 Standard	076-03808	076-03808-ZZ	\$ 52.50	_____
Visio 2007 Standard	D86-02850	D86-02850-ZZ	\$ 22.35	_____
Windows Vista Business Edition	66J-00592	66J-00592-ZZ	\$ 46.91	_____

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.state.ny.us/purchase/prices/7630418766prices.pdf>

<u>Product Name</u>	<u>MS Part #</u>	<u>HP Part #</u>	<u>Unit Price</u>	<u>QTY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Media for these items may be made available as follows:

Please check one:

- No Media Required
- Request it via network,
- Request loan of subscription CD
- Request a locally produced CD (additional cost of \$9.50 please add this to the MSR when paying for license)

**Stony Brook University
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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 understand that the Volume License Key (VLK) provided to me is for my authorized use only and that I will be held responsible for any unauthorized use. I agree to use my best efforts to keep a secure record of these product keys and not to disclose such keys to any unauthorized third party. I also understand these licenses are to be installed on University owned machines only. For further information on VLK's please go to <http://www.microsoft.com/licensing/resources/vol/>
3. I agree to keep records of all installations of licensed software products and agree to remove those products if agreement calls for such action.
4. I will endeavor to procure the correct number of server licenses and client access licenses for products that require both.
5. 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