**Verification of Software License for District Image**

Image Number _____ Building _____ Room _____

The following software programs are on this image:

| Name of Program | Date Purchased/Vendor | Serial #/License # |
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The following person has verified the licenses of this image.

Name _____ Title _____

Signature _____ Date _____

This form must be submitted to the Director of Technology.

Exhibit Adopted: 10/24/00
Exhibit Revised:
RWD/ems

BOARD OF EDUCATION
D.C. Everest Area School District
6300 Alderson Street
Weston, Wisconsin 54476