



This completed form, signed by each co-sponsoring unit, signifies acceptance of the agreement.

**Key Sponsor:**

Unit: \_\_\_\_\_

Per: \_\_\_\_\_

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

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

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

**Other Sponsor:**

Unit: \_\_\_\_\_

Per: \_\_\_\_\_

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

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

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

**Other Sponsor:**

Unit: \_\_\_\_\_

Per: \_\_\_\_\_

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

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

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

**Note: The staff head of each ALA unit involved must receive a copy of this form.**