

## Your Windows<sup>®</sup> Print Driver Solution to **Electronic Signatures**

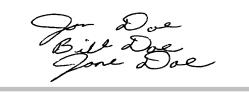
IMPORTANT: Skyward will only accept forms that have been filled out completely. Be sure to include payment information in section 3 below to avoid processing delays.

Please allow 5 to 7 business days for processing.

1. Place desired signature(s) inside the yellow box. Sign naturally and use a roller pen. (No markers please.) You may include a title in the signature box (optional). However, all signatures and titles must stay within the yellow box. (Samples below.)

Single Signature Sample

Jane Doe



**Multiple Signature Sample** 

2. Please indicate how you would like to use the *eSign*<sup>™</sup> signatures within the Skyward Management System<sup>™</sup>. Check all that apply.

| ~ | Finance Application    | $\checkmark$ | Student Application |
|---|------------------------|--------------|---------------------|
|   | Purchase Orders        |              | Transcripts         |
|   | Payroll Checks         |              |                     |
|   | Account Payable Checks |              |                     |

3. Please select a Payment Option (The cost is \$250 per block regardless of the number of signatures within the block):

| Purchase Order #  | OR: Enclosed Check # |  |  |  |
|---|----------------------|--|--|--|
| N/A - eSign included with original core purchase  | Qmlativ              |  |  |  |
| 4. Please complete required district information:   |                      |  |  |  |
| Burnsville Eagan Savage ISD 191   |                      |  |  |  |
| School District   | Authorized Signature |  |  |  |
| Tyler Dehne, Director of Finance  |                      |  |  |  |
| Print Name and Title  | Date                 |  |  |  |
| 5. Contact Information: ("Authorized Signature" personnel will receive eSign instructions if no contact is provided.)   |                      |  |  |  |
| X We are hosted by ISCorp. We are hosted locally.   | We are hosted other: |  |  |  |
| Please send eSign file instructions to the following contact: tdehne@isd191.org   |                      |  |  |  |
| 6. Submit your Request: Return this form to the Skyward Sales Administration Department, ATTN: Sales Processing.  |                      |  |  |  |
| To expedite handling, please email the form directly to SalesProcessing@Skyward.com.<br>Alternatively, the form may be mailed to our Skyward World Headquarters address listed below. |                      |  |  |  |
| Skyward, Inc. 2601 Skyward Dr · Stevens Point, WI 54482 · 800-236-7274 · www.Skyward.com<br>Form updated January 2023   |                      |  |  |  |

eSign Electronic Signature