JSTOR® INSTITUTIONAL PARTICIPATION AGREEMENT

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Agreement Date:	
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Telephone: Facsimile: E-Mail:	Telephone:Facsimile:E-Mail:
Licensee Billing/Invoicing Contact: (if different from Primary Contact) Attn: Address:	Authentication, Authorization, Proxy Server, and Campus/Site Information: See Attached Form Licensee VAT Registration Number or sales tax exemption number (please provide tax exempt authorization
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the Agreement Date, and assuming the availab	e (1) year from the first day of the calendar year that follows bility of funding, this Agreement shall renew for successive one ther party by written notice not less than ninety (90) days prior
LICENSEE	JSTOR
SIGNED BY: NAME: TITLE: DATE:	BY: NAME: John Lenahan TITLE: Associate Vice President, ISSP DATE:

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Shibboleth Authentication Information, if applicable. Please provide us with regular to	updates to	this information
Are you planning to access JSTOR through your institutional Shibboleth account?	Yes	No
If yes, which Federation (or Federations) is your institution a member of?	103	110
Please list the campuses (if more then one) currently covered by your Identity Provider		
JSTOR User Services will contact the Licensee Technical Contact for additional Shibbo	leth confi	guration details
Proxy Server Information (Optional) Please provide us with regular updates to this inf	formation	
Are you currently using a proxy server to provide access to restricted resources?	Yes _	_ No
If yes, please provide the IP Information of the proxy server:		
If yes, please also provide the URL of the webpage that offers information about how use the proxy:	ise	

Do you have plans to use a proxy server or add additional proxy servers in the future?

outside of your campus IP domain?

Do you provide to users any other means of access to restricted resources from machines

Yes __

Yes __

No __

No __