JSTOR INSTITUTIONAL PARTICIPATION AGREEMENT

Licensee (Institution) Name: _____

Licensee Address: _____

Agreement Date: _____

LICENSEE CONTACT INFORMATION *Please fill out the information below and ensure that it remains current by notifying JSTOR of any changes.*

Licensee Primary Contact:
(This contact/email will receive Admin portal access)

Attn: _____

Telephone: _____

E-Mail: _____

Licensee Billing Contact:
(If different from Primary Contact)
NOTE: this contact/email will receive invoices and emails from our Finance department.

Attn: _____

Telephone: _____

E-Mail: _____

Tax Information (Required). *Please select the option that applies to your institution to help ensure that your institution receives any applicable tax exemptions, as detailed in the Product & Payment Terms.*

☐ **U.S.-based sales tax-exempt institution** *(must provide a state-issued sales exemption certificate)*
☐ **U.S.-based institution - not sales tax exempt**
☐ **Institution based outside the United States with a goods and services tax registration number (e.g., VAT/GST)**
Registration Number: _____
☐ **Institution based outside the United States with no goods and services tax registration number**

JSTOR and Licensee (each, a "Party" and collectively, the "Parties") agree to be bound by this Institutional Participation Agreement, the Terms and Conditions of Use, available at http://about.jstor.org/terms, and the applicable Product and Payment Terms, available at http://about.jstor.org/product-and-payment-terms, each incorporated by reference into this Agreement, for any JSTOR titles and collections Licensee may order now or in the future as reflected in invoice(s) to Licensee. Licensee acknowledges that JSTOR may suspend or terminate its access if Licensee, or its Authorized Users, violate these terms. This Agreement supersedes any and all prior agreements between the Parties regarding its subject matter. Each Party represents that it is authorized to execute and accept the terms of this Agreement via electronic signature and that such signature will be binding. Licensee may contact JSTOR at participation@jstor.org.

This Agreement will continue in effect for one (1) year from the first day of the calendar year that follows the Agreement Date, and, assuming the availability of funding, this Agreement will renew for successive one (1) year terms unless earlier terminated by either Party by written notice not less than ninety (90) days prior to the end of the then-current term.

LICENSEE

SIGNED BY: _____
NAME: _____
TITLE: _____
DATE: _____

JSTOR

BY: _____
NAME: _____
TITLE: _____
DATE: _____

CAMPUS/SITE INFORMATION AND HOW USERS WILL ACCESS JSTOR

Licensee: _____

Please fill out the information below and ensure that it remains current by notifying JSTOR of any changes.

Multiple Campuses or Sites
If this Agreement is to cover multiple campuses or sites, please list them below. Please be aware that the Licensee is generally understood to be a single institution, which may consist of multiple campuses or sites (such as medical or other professional schools). JSTOR reserves the right at its discretion to assess additional fees or require separate Institutional Participation Agreements for certain campuses or sites or for distance education programs. In the case of a statewide university system consisting of multiple universities, each university typically would be considered a separate licensing institution.

_____ _____

_____ _____

IP Information (addresses or domain ranges for computers on your campus(es)):
This Agreement is intended to cover all departments and professional schools of Licensee identified above as of the date of this Agreement. Please include all external IP addresses/ranges, including proxy IP (if applicable).
Note: we cannot add internal/private IP ranges including 10.*.*.*, 172.16.*.*-172.31.*.*, 192.168.*.*. Please attach a separate sheet if you need more space.

_____ _____

_____ _____

Fill Out Any Other Authentication Option(s) the Licensee Uses:

☐ **SAML/Shibboleth**
Entity ID: _____
Attributes (e.g. "student@abc.edu" "member"): _____
_____
Federation(s): _____

☐ **Proxy**
Proxy Prefix: _____
Proxy IP: _____

☐ **Google SSO** Domain(s): _____

☐ **Microsoft SSO** Domain(s): _____

☐ **Other**
(Note: additional options may not be supported. Please discuss any other options with your Account Owner beforehand.)
Details: _____