

# Consultant Agreement Form



I, \_\_\_\_\_ agree to provide the Allen County Educational Center with Consultant Services as identified.

\$ \_\_\_\_\_ Cost for Service(s)

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Date(s) of Services Rendered

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## IDENTIFIED SERVICES:

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Consultant's Name

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Consultant's Signature

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Address, City, State Zip

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Date Completed

Approved by: \_\_\_\_\_  
(Superintendent/Allen County ESC)