

Acknowledgment Form: Let's Go Learn

I, _____ ("Franchisee"), acknowledge that Let's Go Learn Inc. has engaged with Tutor Doctor as a preferred vendor.

By agreeing to use Let's Go Learn Inc.'s assessments, I agree and authorize the access of:

- Providing data and reporting to Let's Go Learn Inc. (Data collected will be first/last name for tutors and students as well as the birthdate for students. This data is necessary so that we can better understand the results related to a specific student. The information will only be used for evaluation and research purposes)
- Let's Go Learn Inc. will provide Home Office access to this data and reporting.
- Home Office periodically requesting feedback and perspectives on best practices from franchisees.

By collecting this data, we will be able to report on grades, results, usage which will help us better understand how our franchisees are using Let's Go Learn and the best practices associated with it.

The information collected from your reports and experience will be used to determine the next steps as we continue to standardize the Tutor Doctor experience.

DATED this _____ day of _____, 20____.

Signed By:

Franchisee