

## **Exhibit J**

### **SDSC Colocation Services**

This attached exhibit provides details regarding SDSC Colocation services and other terms specific to the SDSC Colocation Services portion of the Core SDSC ITSS Service agreement.

#### **A. Term**

Please refer to Section 1 of the Core SDSC ITSS Service agreement document for terms of this agreement. This exhibit may be cancelled separately per the terms provided in Section 4.4 of the Core SDSC ITSS and Colocation Service agreement.

#### **B. Scope of Work**

SDSC will provide colocation, power, and networking as requested for the equipment listed in section I “List of Equipment”.

#### **C. Cost and Billing**

See Total Cost Estimates attached as Exhibit A for monthly colocation costs. Colocation fees are billed quarterly to the OFC Project and Task Number(s) provided. Customers paying with intercampus transfer or via invoice will be provided an invoice for payment.

#### **D. Termination of Service**

Please refer to section 4.5 of the Core Service Agreement for Colocation early termination policies.

#### **E. Equipment and NGN**

**Current Building Name:**

**Current Room Number(s):**

**Equipment Status (e.g. existing, new  
purchase, etc.):**

**Number of 1 Gb Connections:**

**Number of 10 Gb Connections:**

## F. Access Control

<b>Passcode:</b> (To be completed by customer)	SDSC requires a passcode for identity verification of customer representatives. This passcode will be used to authenticate any remote requests for equipment hosted at SDSC specified in this document. Some examples are a string of numbers or a phrase that cannot be easily guessed.
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**Passcode:**

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<b>SDSC Authorized Access:</b> (To be completed by customer)	Please designate what tasks SDSC Operations is authorized to perform. For example in the event of an emergency if you would like the capacity to call SDSC Operations and have your equipment powered down, that should be described below.
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**Scope:**

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## G. Sensitive Data/Rack Isolation:

- **Is there confidential data on the system(s) (PII, PHI, etc.)?**  
(Please circle one)    No [ ]    Yes [ ]
  
- **Do you require an isolated rack (i.e. not sharing rack space with another colo customer)?**  
(Please circle one)    Yes [ ]    No [ ]

## H. Notifications / Support:

- Please refer to section 5.4 of the Core service agreement for support, notification, and outage information.

**I. List of equipment:**

Equipment					
Hostname:	Device Type:	MAC Address:	IP Address:	DSA:	UCID Tag: