EXHIBIT "E"
GENERAL OFFER OF PRIVACY TERMS

1. **Offer of Terms**

Provider offers the same privacy protections found in this DPA between it and __*Mountainburg School District*__ ("Originating LEA") which is dated _10/18/2023_ to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") through its signature below. This General Offer shall extend only to privacy protections, and Provider's signature shall not necessarily bind Provider to other terms, such as price, term, or schedule of services, or to any other provision not addressed in this DPA. The Provider and the Subscribing LEA may also agree to change the data provided by Subscribing LEA to the Provider to suit the unique needs of the Subscribing LEA. The Provider may withdraw the General Offer in the event of: (1) a material change in the applicable privacy statues; (2) a material change in the services and products listed in the originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Subscribing LEAs should send the Signed **Exhibit "E"** to Provider at the following email address:
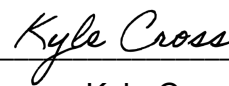
*privacy@apptegy.com*_____.

 Apptegy, Inc.

BY: _____Date: ____10/18/2023_____

Printed Name: Jamie Fugitt_____Title/Position: Chief Legal Officer_____

2. Subscribing LEA

A Subscribing LEA, by signing a separate Service Agreement with Provider, and by its signature below, accepts the General Offer of Privacy Terms. The Subscribing LEA and the Provider shall therefore be bound by the same terms of this DPA for the term of the DPA between the __*Mountainburg School District*__ and the Provider.
**PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

BY: _Kyle Cross_____Date: 3/5/2024_____

Printed Name: Kyle Cross_____Title/Position: Technology Coordinator_____

SCHOOL DISTRICT NAME: Riverview School District_____

DESIGNATED REPRESENTATIVE OF LEA:

Name: Kyle Cross_____

Title: Technology Coordinator_____

Address: 800 Raider Dr. Searcy AR 72143_____

Telephone Number: 501-279-0540_____

Email: kcross@riverviewsd.org_____