EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms		luan Carr	ativ Cabaal Diatriat
Provider offers the same privacy protections foun	d in this DPA betwee	en it and [nty School District
("Originating LEA") which is dated [10/14/2021], to any other Li	EA ("Subscribing L	EA") who accepts this
General Offer of Privacy Terms ("General Offer") th	rough its signature b	elow. This General	Offer shall extend only
to privacy protections, and Provider's signature sha	all not necessarily bir	nd Provider to othe	er terms, such as price,
term, or schedule of services, or to any other provisi	on not addressed in t	his DPA. The Provi	der and the Subscribing
LEA may also agree to change the data provided b	y Subscribing LEA to	the Provider to su	iit the unique needs of
the Subscribing LEA. The Provider may withdraw t	he General Offer in t	the event of: (1) a	material change in the
applicable privacy statues; (2) a material change	in the services and I	products listed in	the originating Service
Agreement; or three (3) years after the date of Pr	ovider's signature to	this Form. Subscri	ibing LEAs should send
the signed <u>Exhibit "E"</u> to Pi	ovider at t	he following	email address:
caitlyn@reac	lworks.org		
ReadWorks			
Verified by PDFFiller			
BY: Kathy A. Bloomfield		Date:	10/14/2021
10/1472021			
Printed Name: Kathy A. Bloomfield	Title/Position	. Chief Operating Of	ficer
	11110/1 03111011	•	

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 [Iron County 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: Stephanie Prieto Date: 2022-09-22 Printed Name: Stephanie Prieto Title: District Admin

SCHOOL DISTRICT NAME: Good Foundations Academy

DESIGNATED REPRESENTATIVE OF LEA:

Name: Jana Adams Title: Office Manager Address: 5101 W 1050 S Phone: 801-393-2950

Email: jadams@gfautah.org