EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and [Winfield School District 34], ("Originating LEA") which is dated [April 20,2021], to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") by providing the requested information below, signing below and emailing a signed copy of this Exhibit E to Flipgrid at FGExSub@microsoft.com.

The LEA Issued Educator Email Address for Subscribing LEA will be any email address using the following

domain(s) and naming conventions, as applicable: [@winfield34.org].

The LEA Issued Student Email Address for Subscribing LEA will be any email address using the following domain(s) and naming conventions, as applicable: [@students.winfield34.org]

The LEA Admin Account for Subscribing LEA will be the following email address and any Flipgrid account created using the same: [winfield34manager@winfield34.org]

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. In addition to any termination provision in the DPA, 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 Service provided under the 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: FGExSub@microsoft.com_.

PROVIDER: Flipgri	id		•
BY: Deb Ma	fadden	Dat	e:_April 27, 2021
Printed Name: D	eb McFadden	Title/Position: Hea	d of Trust & Safety
2. Subscribing LEA			
of this DPA for the te	rm of the DPA between the	id the Provider shall the	by its signature below, accepts the refore be bound by the same terms
and the Provider. **F TO PROVIDER PURSU,	PRIOR TO ITS EFFECTIVENESS, SUB ANT TO ARTICLE VII, SECTION 5. *	SCRIBING LEA MUST DE *	LIVER NOTICE OF ACCEPTANCE
Subs			
cribi ng			
LEA:			
BY: Jakuk Printed Name:	L'yacali.	Date:	4/15/2022 Est. Superintendent
DESIGNATED REPRESE			
Name:	Dr. Elizabel	h A-Yacobi	
Title:	Assistant Sup	serintenden	4
Address:	110 E. Willia	ms Pan	Ville, T1 2.1822
Telephone Number:	(217) 8 444-11	0/2	1 - 4000
Email;	Yacobie Ddanv; X9 e	- 118.0rg	