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: Fli	pgrid	
BY: Deb 1	Mufadder	Date: April 27, 2021
Printed Name:_	Deb McFadden	Title/Position: Head of Trust & Safety
2. Subscribing L	EA	
General Offer of of this DPA for t	f Privacy Terms. The Subscribi he term of the DPA between	
	r. **PRIOR TO ITS EFFECTIVEN URSUANT TO ARTICLE VII, SEC	IESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE
Subs	OKSOANT TO AKTICLE VII, SEC	TION 5.
cribi		
ng LEA:		
RV·		
BY:	Seth wade	6/21/21 Date:
BY: Printed Name:_		
Printed Name:_	Seth Wade	Date:
Printed Name:_ SCHOOL DISTRI		Date:
Printed Name:_ SCHOOL DISTRI	Seth Wade  CT NAME: —Galesburg CUS	Date:
Printed Name:_ SCHOOL DISTRIC DESIGNATED RE	Seth Wade  CT NAME: —Galesburg CUS	Date:
Printed Name:_ SCHOOL DISTRIC DESIGNATED RE	Seth Wade  CT NAME: —Galesburg CUS	Date:
Printed Name:_ SCHOOL DISTRIC DESIGNATED RE Name: Title:	Seth Wade  CT NAME: —Galesburg CUS  EPRESENTATIVE OF LEA:	Date:
Printed Name:_ SCHOOL DISTRIC DESIGNATED RE Name: Title: Address:	Seth Wade  CT NAME: —Galesburg CUS  EPRESENTATIVE OF LEA:	Date: