

**EXHIBIT "E"**

**GENERAL OFFER OF PRIVACY TERMS**

**1. Offer of Terms**

Pearson Education, Inc. ("Provider") offers the same privacy protections found in this DPA with Fall Mountain Regional School District ("LEA") to any other school district ("Subscribing LEA") who accepts this General Offer through its signature below. The Provider agrees that the information below will be replaced throughout the DPA with the information specific to the Subscribing LEA filled below for the Subscribing LEA. 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 provide by 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 subject listed in the Originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Provider shall notify the LEA in the event of any withdrawal so that this information may be transmitted to the Subscribing LEAs.

**PEARSON EDUCATION, INC.**

BY: *Robert Klein* Date: 07/23/2020  
Robert Klein (Jul 23, 2020 10:27 EDT)  
Printed Name: Robert Klein Title/Position: Finance Director

**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's individual information is contained below. The Subscribing LEA and the Provider shall therefore be bound by the same terms of this DPA.

BY: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

SCHOOL DISTRICT NAME: \_\_\_\_\_

**DESIGNATED REPRESENTATIVE OF SUBSCRIBING LEA:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**SEE NEXT PAGE >>** \_\_\_\_\_

COUNTY OF SUBSCRIBING LEA: \_\_\_\_\_

By:

Date: 2020-07-31

Printed Name:

Title/Position:

SCHOOL DISTRICT NAME:

DESIGNATED REPRESENTATIVE OF LEA

Name:

Title:

Address:   

Telephone Number:

Email:

COUNTY OF LEA: