## EXHIBIT " E" GENERAL OFFER OF PRIVACY TERMS

## 1. Offer of Terms

Provider offers t	he same privacy	/ protections found	d in this DPA betw	een it and <u>I<b>nsert Na</b></u>	ame of Originating
LEA: Mahomet-Se	eymour CUSD #3	3 ("Originating I	EA") which is date	d Insert Date: 3-5-21	, to any
other LEA ("Subs	cribing LEA") wl	no accepts this Ger	neral Offer of Priva	acy Terms ("General	Offer") through its
signature below.	This General Of	fer shall extend on	ly to privacy proted	ctions, and Provider's	signature shall no
necessarily bind F	Provider to other	terms, such as pric	e, term, or schedule	e of services, or to any	other provision no
addressed in this	DPA. The Provio	ler and the Subscrik	oing LEA may also	agree to change the	data provided by
Subscribing LEA t	o the Provider to	$\mathfrak o$ suit the unique ne	eeds of the Subscrib	oing LEA. The Provider	may withdraw the
General Offer in	the event of: (1)	a material change	in the applicable p	rivacy statues; (2) a	material change in
the services and	I products listed	d in the originatin	g Service Agreeme	ent; or three (3) year	s after the date o
Provider's signatu	ure to this Form.	. Subscribing LEAs s	hould send the	signed <u>Exhibi</u>	t <u>"E"</u> to
Provider	at	the	following	email	address
			·		
Skyward, Inc.					
BY:Date:					
Printed Name: Raymond H Ackerlund Title/Position: President					

## 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 [Insert Name of Originating LEA] and the Provider. \*\*PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. \*\*

By: <u>Kelly Miller</u>

Printed Name: <u>Kelly Miller</u>

Date: <u>2021-05-11</u>

Title: <u>Technologist</u>

SCHOOL DISTRICT NAME: Henry-Stark County Spec Ed Dist

DESIGNATED REPRESENTATIVE OF LEA:

Name: Kelly Miller
Title: Technologist
Address: 1318 W 6th St
Phone: 309-852-5696
Email: kmiller@hscsed.org