EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers	the same privacy protections fou	ind in this DPA between it and CHAMPLAIN VALLEY SCHOOL
DISTRICT ("Orig	ginating LEA") which is dated $\perp\!\!\!\perp_{\scriptscriptstyle I}$	//6/22 , to any other LEA ("Subscribing LEA") who
accepts this Ge	neral Offer of Privacy Terms ("Gene	eral Offer") through its signature below. This General Offer shal
extend only to	privacy protections, and Provider's	s signature shall not necessarily bind Provider to other terms,
such as price, to	erm, or schedule of services, or to a	my other provision not addressed in this DPA. The Provider and
the Subscribing	g LEA may also agree to change the	e data provided by Subscribing LEA to the Provider to suit the
unique needs o	f the Subscribing LEA. The Provider	may withdraw the General Offer in the event of: (1) a material
change in the a	pplicable privacy statutes; (2) a mate	erial change in the services and products listed in the originating
•		te of Provider's signature to this Form.
Subscribing LEA	As should send the signed Exhibit "E	<u>E"</u> to Provider at the following email address:
		<i>:</i>
DOCUSPED	a./ a a . M	
BY:	Rim Sonth	_{Date:} 1/16/22
D1	, , , , , , , , , , , , , , , , , , , ,	butc.
	Richard Smith	Title/Position: CSDS, President
Printed Name:		Title/Position:

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 **CHAMPLAIN VALLEY SCHOOL DISTRICT** and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

Subscribing LEA: (School District Name): ______

By: <u>Will Hatch</u> Date: <u>2022-10-27</u>

Printed Name: Will Hatch Title: <u>Director of Technology</u>

SCHOOL DISTRICT NAME: Addison Central School District

DESIGNATED REPRESENTATIVE OF LEA:

Name: Will Hatch

Title: Director of Technology

Address: 49 Charles Ave. Middlebury, VT 05753

Phone: <u>8023821284</u>

Email: whatch@acsdvt.org