EXHIBIT " E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers th	e same privacy pr	otections four	id in this DPA betw	een it and <u>in</u>	<u>isert Name</u>	of Origi	nating
LEA: Addison Scho	ool District #4	_ ("Originating	LEA") which is dated	Insert Date:	June /,		to any
other LEA ("Subsc	ribing LEA") who a	accepts this G	eneral Offer of Priva	cy Terms ("G	ieneral Offe	r") throι	ugh it
signature below. T	his General Offer	shall extend or	nly to privacy protec	tions, and Pro	ovider's sign	ature sh	all no
necessarily bind Pr	ovider to other ter	ms, such as pri	ce, term, or schedule	of services, o	r to any othe	r provisi	on no
addressed in this [OPA. The Provider a	and the Subscr	ibing LEA may also	agree to cha	nge the dat	a provid	d bek
Subscribing LEA to	the Provider to su	it the unique r	needs of the Subscrib	ing LEA. The F	Provider may	y withdra	aw the
General Offer in th	ne event of: (1) a m	naterial change	in the applicable pr	ivacy statues	; (2) a mate	erial cha	nge ir
the services and	products listed in	the originati	ng Service Agreeme	nt; or three ((3) years aft	er the d	late o
Provider's signatur	re to this Form. Su	bscribing LEAs	should send the	signed	<u>Exhibit</u>	<u>"E"</u>	to
Provider	at	the	following	en	nail	ac	ddress
ray_ackerlund@sl	kyward.com		·				
Classiand Inc	D. and law at how						
Skyward, Inc. BY:	Docusigned by:			May	25 2021		
BY:	AYMONA UCENUNA			Date:			
Printed Name: Ra	ymond H Ackerlun	d	Title/Position	n: <u>President</u>			

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>Laura Rench</u> Date: <u>2021-06-30</u>

Printed Name: <u>Laura Rench</u> Title: <u>Instructional Technology Coach</u>

SCHOOL DISTRICT NAME: <u>Hillsboro CUSD 3</u>
DESIGNATED REPRESENTATIVE OF LEA:

Name: <u>Shawn Perkins</u> Title: <u>Technology Specialist</u>

Address:

Phone: <u>2172591790</u>

Email: sperkins@hillsboroschools.net