EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

_			_
7	()tta	rat	Terms

Provider offers the same privacy protections found in this I	OPA between it and	District 50 Schools
("Originating LEA") which is dated , to any oth	ner LEA ("Subscribing LEA	") who accepts this Genera
Offer of Privacy Terms ("General Offer") through its sign	ature below. This Genera	l Offer shall extend only to
privacy protections, and Provider's signature shall not ne	cessarily bind Provider to	other terms, such as price
term, or schedule of services, or to any other provisio		
Subscribing LEA may also agree to change the data pro-	•	
unique needs of the Subscribing LEA. The Provider may		
material change in the applicable privacy statues; (2) a m	-	<u>-</u>
the originating Service Agreement; or three (3) years		•
Subscribing LEAs should send	the signed	Exhibit "E
to Provider at the following email address: mz@a	ıı.aı	•
PROVIDER:		
	Date:6/	/24/2021 6:27 PM PDT
	Date:	/24/2021 6:27 PM PDT
	Date:6/ Fitle/Position:_DIREC	724/2021 6:27 PM PDT
BY:Mark Eartsky Printed Name: MARK ZARETSKY -	Date:6/ Fitle/Position: DIREC	24/2021 6:27 PM PDT
Printed Name: MARK ZARETSKY 2. Subscribing LEA	Title/Position: DIREC	TOR
Printed Name: MARK ZARETSKY 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreement	Title/Position: DIREC	STOR signature below, accepts
Printed Name: MARK ZARETSKY 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreement the General Offer of Privacy Terms. The Subscribing LEA and	ritle/Position: DIREC t with Provider, and by its d the Provider shall there	STOR signature below, accepts
Printed Name: MARK ZARETSKY 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreement	ritle/Position: DIREC t with Provider, and by its d the Provider shall there	STOR signature below, accepts
Printed Name: MARK ZARETSKY 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreementhe General Offer of Privacy Terms. The Subscribing LEA and terms of this DPA for the term of the DPA between the	t with Provider, and by its d the Provider shall there District 50 Schools	signature below, accepts fore be bound by the same

By: Trent Schalk Date: 2021-12-02

Printed Name: <u>Trent Schalk</u> Title: <u>Technology Systems Specialist</u>

SCHOOL DISTRICT NAME: <u>Lisle CUSD 202</u> DESIGNATED REPRESENTATIVE OF LEA:

Name: Trent Schalk

^ · · · · · - ·

Title: Technology Systems Specialist

Address: <u>5211 Center Ave</u> Phone: <u>6304938367</u>

Email: tschalk@lisle202.org