## **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 though 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.  Robert Klein  Robert Klein (Jul 23, 2020 10:27 EDT)	Date: 07/23/2020	
BY: Robert Klein (Jul 23, 2020 10:27 EDT)  Printed Name: Robert Klein	Title/Position: Finance Director	or
2. SUBSCRIBING LEA		
A Subscribing LEA, by signing a separate Service the General Offer of Privacy Terms. The Subscrib Subscribing LEA and the Provider shall therefore	bing LEA's individual information is contain	
BY:	Date:	_
Printed Name:T	itle/Position:	-
SCHOOL DISTRICT NAME:		
DESIGNATED REPRESENTATIVE OF SUBSC	CRIBING_LEA:	
Name:		
Title:		
Address:		
Telephone:		
SPEINEXT PAGE >>		
COUNTY OF SUBSCRIBING LEA:		
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Date: 2020-07-27 By: Jason Carey

Printed Name: Jason Carey Title/Position: Director of Technology

SCHOOL DISTRICT NAME:

DESIGNATED REPRESENTATIVE OF LEA

Name:

Title:

Address: \_,
Telephone Number:

Email:

COUNTY OF LEA: