EXHIBIT "E"

GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Savvas Learning Company LLC ("Provider") offers the same privacy protections found in this DPA between it and Timberlane 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.

| SAVVAS LEARNING COMPANY LLC Matt Stricker | n lun 15 2020 |
|---|---|
| BY: Matt Stricker (Jun 15, 2020 15:24 CDT) Printed Name: Matt Stricker | Date: Jun 15, 2020 Title/Position: VP Operations |
| 2. SUBSCRIBING LEA | |
| | ice Agreement with Provider, and by its signature below, accepts cribing LEA's individual information is contained below. The are be bound by the same terms of this DPA. |
| BY: | Date: |
| Printed Name: | |
| SCHOOL DISTRICT NAME: | |
| DESIGNATED REPRESENTATIVE OF SUB | SCRIBING LEA: |
| Name: | |
| Title: | |
| Address: | |
| Telephone: | |
| Email: | |
| COUNTY OF SUBSCRIBING LEA: | |
| SEE NEXT PAGE >> | |

Date: 2020-07-27 By: Roy Bailey

Printed Name: Roy Bailey Title/Position: Director of IT

SCHOOL DISTRICT NAME:

DESIGNATED REPRESENTATIVE OF LEA

Name:

Title:

Address: _,
Telephone Number:

Email:

COUNTY OF LEA: