## EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

## 1. Offer of Terms

Provider offers the same privacy protections found in the	nis DPA between it and Lom	bard District 44
("Originating LEA") which is dated , to any	other LEA ("Subscribing LEA") who	accepts this General
Offer of Privacy Terms ("General Offer") through its s	ignature below. This General Offer	r 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 provi	sion not addressed in this DPA. T	he Provider and the
Subscribing LEA may also agree to change the data p		
unique needs of the Subscribing LEA. The Provider r	•	
material change in the applicable privacy statues; (2) a	•	
the originating Service Agreement; or three (3) yea	_	•
Subscribing LEAs should send		Exhibit "E"
to Provider at the following email address: cont	racts@mhs.com	
		<del></del>
PROVIDER: Multi-Health Systems Inc.		
DocuSigned by:	Jun 1, 202	21   4:59 PM EDT
BY: John Clarke	Date:	
F85B24AA66904DD	Chief Devenue Of	ficar
Printed Name:	Title/Position:Chief Revenue Of	
2. Subscribing LEA		
A Subscribing LEA, by signing a separate Service Agreem	nent with Provider, and by its signatu	ure 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	Lombard District 44	
and Multi-Health Systems Inc.		
**PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MU	JST DELIVER NOTICE OF ACCEPTAN	NCE TO PROVIDER
PURSUANT TO ARTICLE VII, SECTION 5. **		
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By: **Kathy Fox** Date: 2025-05-14

Printed Name: Kathy Fox Title: Executive Director

SCHOOL DISTRICT NAME: <u>LaSalle&#x2F;Putnam Educational Alliance for Special Education (LEASE)</u>

DESIGNATED REPRESENTATIVE OF LEA:

Name: Kathy Fox

Title: Executive Director

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Phone: <u>815-433-6433</u>

Email: kfox@lease-sped.org