## **EXHIBIT E: GENERAL OFFERS OF TERMS**

## Page 1 of 2: OFFER OF TERMS

Provider and the S Offer") that the Baker County School D	ey are	-	below) agree the same	terms a	s the		between	Terms ("G Provider	
Provider and Sub- information speci- extend only to the other terms enter- schedule of Servi- between Provider	fic to the Set terms set ed into bet ices, relati	Subscribing LE forth in this D ween Provide ng to Subscrib	EA filled in be PA and shall r and Originat	low for the s not necessa ing LEA. An	Subscrib rily bind y comm	ing LEA. Provider ercial ten	This Gel or Subscri ms, such a	neral Offe ibing LEA as price, te	er shall to any erm, or
If Provider makes Provider must cor and all Subscribin and contents. Wit Subscribing LEA from receipt to ob parties.	mplete the g LEAs in h regard to is notified	Addendum ter accordance wi a Subscribing by Provider. If	mplate provide ith the notifica g LEA, an Add an Addendur	ed by the A4 tion provision endum is au n modifies E	L Commns of this tomatication to the contraction of	unity and DPA, of ally incorp ", the LE	I notify the the Adden orated into A will have	Originatir dum's exi o this DPA e thirty (30	ng LEA istence A when O) days
The Provider may the event of: (1) a and products lise <a href="mailto:ndpa_requests@.">ndpa_requests@.</a>	a material sted in tl	change in the	applicable pr	ivacy statute	es; or (2)	a mater	ial change	in the Se	ervices
Subscribing LEA lori.hahn@cignition.com		send the sig	ned Exhibit	"E" to Pr	ovider	at the	following	email ad	dress:
The below signate	ory confirm	ns they are aut	thorized to bin	d their institu	ution to t	his DPA	as in its er	ntirety.	
RESOURCE NAM	ЛE(S):								
[ Insert resource	names c	overed by or	iginating DP	4					]
[									]
[									
PROVIDER: [CIG	NITION, IN	NC.					]		
Signed By:	Mich	asl H. Co	hen	Date:	2/11/20	25			
Printed Name: Mic	hael Cohen			Title/Positior	າ: <sub>Preside</sub>	nt/CEO			
						<del></del>			

## Exhibit "E" (continued)

Originating LEA: Baker County School District

Resource Names:

Provider Name: CIGNITION, INC.

## Page 2 of 2: Insert Name of 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 Originating LEA and the Provider. \*\*PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER.\*\* Please note, by signing this Exhibit you are also agreeing to any language that may be included in Exhibits to the Originating DPA beyond this Exhibit "E". The below signatory confirms they are authorized to bind their institution to this DPA as in its entirety.

Subscribing LEA: Baker County School District

Signed By: <u>Tyler Brim</u> Date: <u>2025-02-20</u>

Printed Name: Tyler Brim Title: Systems Support Specialist

School District Name: Baker County School District

Designated Representative of LEA:

Name: <u>Tyler Brim</u> Title: <u>Systems Support Specialist</u>

Address: 32063

Phone: 904-397-9019 Email: tyler.brim@bakerk12.org

Notices to Subscribing LEA: The Provider and Subscribing LEA are each responsible to promptly notify the other Party of changes to the notice information.:

**Security Notices to Subscribing LEA** 

**Baker County School District** 

Address: 32063

Email: tyler.brim@bakerk12.org