EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

| | North Ciackamas School District |
|--|---|
| Provider offers the same privacy protections found in | |
| ("Originating LEA") which is dated [05/16/2023], | to any other LEA ("Subscribing LEA") who accepts this |
| General Offer of Privacy Terms ("General Offer") throu | igh its signature below. 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 provided by S | ubscribing LEA to the Provider to suit the unique needs o |
| 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 listed in the originating Service |
| Agreement; or three (3) years after the date of Provi | der's signature to this Form. Subscribing LEAs should send |
| the signed <u>Exhibit</u> "E" to Provi | der at the following email address: |
| privacy@imaginelearning.com. | |
| [Imagine Learning LLC | |
| BY: David Alderslade | Date: 05/16/2023 |
| EDBA-LECCHELOCH C | |
| Printed Name: _David Alderslade | Title/Position: EVP, CFO |
| | 1111C/1 03111011. |

2. Subscribing LEA

1. Offer of Terms

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 [North Clackamas School District _] and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

<u>By:</u> **Robert Silva** Date: <u>2023-05-30</u>

Printed Name: Robert Silva Title:

SCHOOL DISTRICT NAME: Salem-Keizer School District DESIGNATED REPRESENTATIVE OF LEA:

Name: Robert Silva

Title:

Address: 2450 Lancaster Dr NE

Phone: <u>503-399-3031</u>

Email: silva_robert@salkeiz.k12.or.us