EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

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Provid	der offers the	e same priva	acy prote	ctions f	ound in this	DPA bet	ween it a	and [ard-1	ualatin Sch	ooi District
("Orig	inating LEA") which is] batek	05/23/2	2023], to a	ny othe	er LEA ("S	Subscribing L	.EA") who a	ccepts this
Gene	ral Offer of Pr	rivacy Terms	("Gener	al Offer	") through its	signatu	re below.	This General	Offer shall e	extend only
to pri	vacy protecti	ons, and Pro	vider's s	ignatur	e shall not ne	cessaril	y bind Pro	ovider to oth	er terms, su	ch as price,
term,	or schedule of	of services, c	r to any o	other pr	ovision not a	ddressed	d in this D	PA. The Provi	der and the	Subscribing
LEA n	nay also agre	e to change	the data	provid	ed by Subscri	bing LE	A to the F	Provider to su	uit the uniqu	ue needs of
the Si	ubscribing LE	A. The Prov	ider may	withdra	aw the Gener	al Offer	in the ev	vent of: (1) a	material ch	ange in the
applic	able privacy	statues; (2)	a mate	rial chai	nge in the se	rvices a	nd produ	icts listed in	the originat	ing Service
Agree	ment; or thr	ee (3) years	after the	e date c	of Provider's	signatur	e to this	Form. Subscr	ibing LEAs s	hould send
the	signed	Exhibit	"E"	to	Provider	at	the	following	email	address:
	Ema	ail to Send Exhi	oit E's		•					
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BY: <u>(</u>	ynthia.	Rutsch	z				Dat	te:)5/23/202	პ
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2. Subscribing LEA

Printed Name: Cynthia Rietscha

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

_Title/Position: Chief Operating Officer

By: Leslie Roache Date: <u>2023-12-12</u>

Printed Name: Leslie Roache Title: Director of Teaching & Director of Teaching & Director of Teaching & Title: Director of Teaching & Dir

SCHOOL DISTRICT NAME: <u>Silver Falls School District 4J</u>
DESIGNATED REPRESENTATIVE OF LEA:

Name: <u>Brett Milliken</u> Title: <u>Director of IT</u>

Address: 612 Schlador Street

Phone: (503) 873-6331

Email: milliken_brett@silverfalls.k12.or.us