EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms		T '	T. J. C. C. L. J. D. J. C.
Provider offers the same privacy protections foun	d in this DPA between	it and [- Tualatin School District
("Originating LEA") which is dated [11/15/2022], to any other LEA	("Subscribing	LEA") who accepts this
General Offer of Privacy Terms ("General Offer") th	rough its signature bel	ow. This Gener	al Offer shall extend only
to privacy protections, and Provider's signature sh	all not necessarily bind	d Provider to ot	her terms, such as price,
term, or schedule of services, or to any other provis	ion not addressed in th	is DPA. The Pro	vider and the Subscribing
LEA may also agree to change the data provided by	y Subscribing LEA to t	he Provider to	suit the unique needs of
the Subscribing LEA. The Provider may withdraw t	the General Offer in th	e event of: (1)	a material change in the
applicable privacy statues; (2) a material change	in the services and pr	oducts listed in	n the originating Service
Agreement; or three (3) years after the date of Pr	ovider's signature to t	his Form. Subs	cribing LEAs should send
the signed <u>Exhibit "E"</u> to P arnoldm@intouchreceipting.com	rovider at the	e following	email address:
[InTouch Receipting			
BY: <u>arnold mortzheim</u>		Date:	11/15/2022
Printed Name: Arnold Mortzheim	Title/Position:	President	

2. 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 [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. **

<u>By: Leslie Roache</u> Date: <u>2024-07-17</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