## **EXHIBIT "E"**

## **GENERAL OFFER OF PRIVACY TERMS**

## 1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and Tacoma Public Schools #10 ("Originating LEA") which is dated 5/11/23, to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") through 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 Subscribing LEA to the Provider to suit the unique needs of the Subscribing LEA. The Provider may withdraw the General Offer in the event of: (1) a material changes in the applicable privacy statues; (2) a material changes in the services and products listed in the originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Subscribing LEAs should send the signed **Exhibit "E"** to Provider at the following email address:

eriodia seria trie signea Extribit		g email address.
Name of Provider: CCI Learnir	ng	
BY: Katherine Schmit	Digitally signed by Katherine Sc Date: 2023.05.11 16:34:11 -07'0	hmit Date: 5/11/23
Printed Name: Provider Representative		Title/Position: Provider Rep's Title
2. Subscribing LEA		
accepts the General Offer of Privac by the same terms of this DPA for t the Provider. **PRIOR TO ITS EFF ACCEPTANCE TO PROVIDER PU	by Terms. The Subscribing the term of the DPA between ECTIVENESS, SUBSCRIE	with Provider, and by its signature below, LEA and the Provider shall therefore be bound en originating LEA: Tacoma Public Schools #10 and BING LEA MUST DELIVER NOTICE OF I, SECTION 5. **
Name of Subscribing LEA:		
Ву:		Date:
Printed Name:		Fitle/Position:
SCHOOL DISTRICT NAME:		
DESIGNATED REPRESENTATIVE	OF LEA:	
Name:		
Title:		
Address:		
Telephone Number:		
Email:		