EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

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("Originating LEA") which is dated Oli 12 1 to any		Sycamore CUSD 427	
(Originating LEA) which is dated Title, to any	other LEA ("Subscribing	g LEA") who accepts this Gener	al
Offer of Privacy Terms ("General Offer") through its	signature below. This G	eneral Offer shall extend only	to
privacy protections, and Provider's signature shall not	t necessarily bind Provide	der to other terms, such as pric	e,
term, or schedule of services, or to any other prov			
Subscribing LEA may also agree to change the data			
unique needs of the Subscribing LEA. The Provider			
material change in the applicable privacy statues; (2)			
the originating Service Agreement; or three (3) year			
		igned Exhibit "	E"
to Provider at the following email address:		Exiliate Exiliate	_
to fronder at the following email address.			
PROVIDER: Bookopolis			
		elu la i	
1/0 1/1			
BY: Kanhed		8 16 21	_
Printed Name: Kari Riedel		EO Fander	
Printed Name: Kari Riedel 2. Subscribing LEA	Title/Position:(EO Fander	
Printed Name: Kari Riedel 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreer	Title/Position:(by its signature below, accepts	
Printed Name: Kari Riedel 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreer the General Offer of Privacy Terms. The Subscribing LEA	Title/Position:C ment with Provider, and A and the Provider shall	by its signature below, accepts therefore be bound by the same	
Printed Name: Kari Riedel 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreer the General Offer of Privacy Terms. The Subscribing LEA terms of this DPA for the term of the DPA between the	Title/Position:C ment with Provider, and A and the Provider shall	by its signature below, accepts therefore be bound by the same	
Printed Name: Kari Riedel 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreer the General Offer of Privacy Terms. The Subscribing LEA terms of this DPA for the term of the DPA between the	Title/Position:C ment with Provider, and A and the Provider shall Sycamore CUSD	by its signature below, accepts therefore be bound by the same	

Subscribing LEA:

By: <u>David Schumer</u> Date: <u>2024-03-19</u>

Printed Name: <u>David Schumer</u> Title: <u>Director of Technology</u>

SCHOOL DISTRICT NAME: McLean County USD 5
DESIGNATED REPRESENTATIVE OF LEA:

Name: <u>David Schumer</u>
Title: <u>Director of Technology</u>

Address: 1809 W. Hovey, Normal IL 61761

Phone: 309-557-4013 Email: schumedc@unit5.org