# EXHIBIT "E"
## GENERAL OFFER OF PRIVACY TERMS

### 1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and

Palmdale School District

("Originating LEA") which is dated    Apr 27, 2023    , 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 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 Provider's signature to this Form. Subscribing LEAs should send the signed **Exhibit "E"** to Provider at the following email address:

_____lware@collegeboard.org_____ .

**PROVIDER:**_____College Board_____

BY: _____*Jeremy Singer*_____ Date: 04-27-2023_____

Printed Name: _____Jeremy Singer_____ 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    Palmdale School District

and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

**LEA:**_Santa Rosa City Schools_____

BY:

*Lisa August*_____
Lisa August (Sep 28, 2023 08:48 PDT)                                Date: Sep 28, 2023_____

Printed Name: ___Lisa August_____ Title/Position: ___Associate Superintendent___

SCHOOL DISTRICT NAME: ___Santa Rosa City Schools_____

DESIGNATED REPRESENTATIVE OF LEA:

Name: _____Lisa August_____

Title: _____Associate Superintendent_____

Address: _____211 Ridgway Ave, Santa Rosa, CA_____

Telephone Number: _____7078903800_____

Email: _____laugust@srcs.k12.ca.us_____

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