## EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

## 1. Offer of Terms

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

San Marcos Unified School District ("Originating LEA") which is dated Jan 9, 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:

| legal@nearpod.com  |  |  |   |
|--|--|--|---|
| PROVIDER:  | Nearpod, Inc.  |  |   |
| BY:  | Severiue Vieux   |  | Date: 01-20-2023  |
| Printed Name:  | Severine Vieux   | Title/Position: _                              | CFO   |
| 2. Subscribing LEA   |  |  |   |
| General Offer of Privacy Terms of this DPA for the to and the Provider. **PRIOR TO PROVIDER PURSUANT Berkeley Unified Sc | Terms. The Subscribing LEA a<br>erm of the DPA between the<br>TO ITS EFFECTIVENESS, SUB<br>TO ARTICLE VII, SECTION 5. *<br>hool District | and the Provider San Marcos Un SSCRIBING LEA M | and by its signature below, accepts the shall therefore be bound by the same ified School District  UST DELIVER NOTICE OF ACCEPTANCE  — |
| BY: Manisha Co   | uh.  | Date:  | October 6, 2023   |
| Printed Name: Max Eissler  |  | Title/Position:                                | Director, Technology  |
|  | Berkeley Unified School Dis  |  |   |
| DESIGNATED REPRESENTA  | TIVE OF LEA:   |  |   |
| Name:  |  |  |   |
| Title:   |  |  |   |
| Address:   |  |  |   |
| Telephone Number:  |  |  |   |
| Fmail:   |  |  |   |

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