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

## 1. Offer of Terms

Provider offers the same privacy protections	s found in this DPA between i	t and Sycamore	CUSD 427	
("Originating LEA") which is dated	, to any other LEA ("Subs	cribing LEA") who	accepts this G	ieneral
Offer of Privacy Terms ("General Offer") th	rrough its signature below.	This General Offer	r shall extend o	only to
privacy protections, and Provider's signatur	re shall not necessarily bind	Provider to other	terms, such as	price,
term, or schedule of services, or to any of	other provision not address	ed in this DPA. 1	The Provider a	nd the
Subscribing LEA may also agree to change	the data provided by Subs	cribing LEA to the	e Provider to s	uit the
unique needs of the Subscribing LEA. The	Provider may withdraw the	e General Offer i	n the event of	: (1) a
material change in the applicable privacy st	atues; (2) a material change	in the services a	and products lis	sted in
the originating Service Agreement; or thr	ree (3) years after the date	of Provider's sig	gnature to this	Form.
Subscribing LEAs should	send the	signed	Exhibit	"E"
to Provider at the following email ad	ldress: sales@noredink.co	om	·	
PROVIDER: No RedInk Corp.				
		5/0/2/		

\_<sub>Date</sub>: 5/9/24

\_Title/Position: Chief Financial Officer Printed Name: Blake Sipek

## 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 Sycamore CUSD 427

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

By: Wade Alexander Date: 2025-02-21

Printed Name: Wade Alexander Title: Technology Support

SCHOOL DISTRICT NAME: West Central CUSD 235

DESIGNATED REPRESENTATIVE OF LEA:

Name: Wade Alexander Title: Technology Support Address: 1514 US Route 34

Phone: 3096272371

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