<u>EXHIBIT "E"</u> GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

| Provider offers the same privacy protections found | in this DPA between it and | Graysiak | .e CHSD 127 | |
|---|------------------------------|------------------|-----------------|-------|
| ("Originating LEA") which is dated , to | any other LEA ("Subscribing | g LEA") who ac | cepts this Ger | nera |
| Offer of Privacy Terms ("General Offer") through | its signature below. This G | ieneral Offer sh | iall extend onl | ly to |
| privacy protections, and Provider's signature shall | not necessarily bind Provide | der to other ter | rms, such as p | rice |
| term, or schedule of services, or to any other p | provision not addressed in | this DPA. The | Provider and | the |
| Subscribing LEA may also agree to change the da | ata provided by Subscribing | g LEA to the Pr | rovider to suit | t the |
| unique needs of the Subscribing LEA. The Providence | der may withdraw the Ger | neral Offer in t | he event of: (| (1) a |
| material change in the applicable privacy statues; | | | | |
| the originating Service Agreement; or three (3) | years after the date of F | 'rovider's signa | ture to this F | orm |
| | | igned <u>I</u> | Exhibit | "E |
| to Provider at the following email address: | legal@nutrislice.com | | | |
| | | | | |
| PROVIDER: | | May 5, 2021 | | |
| ВУ: | Date: | May 5, 2021 : | | |
| Ponjamin Daharta | CTO | | | |
| Printed Name: Benjamin Roberts | CTO Title/Position: | | | |
| | | | | |
| 2. Subscribing LEA | | | | |
| A Subscribing LEA, by signing a separate Service Ag | | | | |
| the General Offer of Privacy Terms. The Subscribing | g LEA and the Provider shall | therefore be bo | ound by the sar | me |

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

Grayslake CHSD 127

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

By: <u>Donelle Staples</u> Date: <u>2023-06-05</u>

Printed Name: <u>Donelle Staples</u> Title: <u>Director of Technology & Innovation</u>

SCHOOL DISTRICT NAME: Zion ESD 6
DESIGNATED REPRESENTATIVE OF LEA:

Name: **Donelle Staples**

Title: Director of Technology & Innovation

Address: 2800 29th Street Phone: 847.379.0111 Email: dstaples@zion6.org