EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

2. 0.10. 01 /01.113	
Provider offers the same privacy protections found in this I	OPA between it and
("Originating LEA") which is dated , to any oth	er LEA ("Subscribing LEA") who accepts this General
Offer of Privacy Terms ("General Offer") through its sign	ature 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 m	aterial 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 <u>Exhibit "E"</u>
to Provider at the following email address: kappleg	ate@mindresearch.org
A40.15 5	
PROVIDER: MIND Research Institute	
BY: Jo Garrett Wilcox LS Ja Polity	_{Date:} Jun 4, 2021
Printed Name: Josephine Garrett	Title/Position: Chief Financial Officer
Printed Name: Goodprinto Garrott	ittle/Position: Officer Financial Officer
2. Subscribing LEA	
_	t with Provider, and by its signature helpy, assents
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	

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

and MIND Research Institute

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

Subscribing LEA:

By: <u>Derek Austill</u> Date: <u>2021-09-07</u>

Printed Name: <u>Derek Austill</u> Title: <u>Assistant Network Administrator</u>

SCHOOL DISTRICT NAME: Roxana Community Unit School Dist #1

DESIGNATED REPRESENTATIVE OF LEA:

Name: Derek Austill

Title: Assistant Network Administrator

Address: 401 Chaffer Avenue

Phone: <u>618-254-7994</u>

Email: derek.austill@rcusd.org