EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA be	tween it and
("Originating LEA") which is dated $5May2024$, to any	other LEA ("Subscribing LEA") who accepts this
General Offer of Privacy Terms ("General Offer") through its s	ignature below. This General Offer shall extend
only to privacy protections, and Provider's signature shall not n	necessarily bind Provider to other terms, such as
price, term, or schedule of services, or to any other provision	
the Subscribing LEA may also agree to change the data provi	
the unique needs of the Subscribing LEA. The Provider may w	
a material change in the applicable privacy statues; (2) a materi	. ,
the originating Service Agreement; or three (3) years after t	
Subscribing LEAs should send	
to Provider at the following email address:	
to Frontier at the following email address:	···
PROVIDER:	
Ocasa House	
BY: Jason Hovey	Date:
BY: Jason Hovey	Date:
V	
BY:	
V	
Printed Name:Title/Po	osition:
Printed Name:Title/Pc 2. Subscribing LEA	osition: Provider, and by its signature below, accepts
Printed Name:Title/Po 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreement with I	osition: Provider, and by its signature below, accepts
Printed Name:Title/Po 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreement with I the General Offer of Privacy Terms. The Subscribing LEA and the F	osition: Provider, and by its signature below, accepts
Printed Name:Title/Po 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreement with I the General Offer of Privacy Terms. The Subscribing LEA and the F terms of this DPA for the term of the DPA between the	Provider, and by its signature below, accepts Provider shall therefore be bound by the same
Printed Name:Title/Po 2. Subscribing LEA A Subscribing LEA, by signing a separate Service Agreement with I the General Offer of Privacy Terms. The Subscribing LEA and the F terms of this DPA for the term of the DPA between the and	Provider, and by its signature below, accepts Provider shall therefore be bound by the same

By: <u>Brent Ashbaugh</u>

Printed Name: <u>Brent Ashbaugh</u>

Date: <u>2024-10-03</u>

Title: <u>SIS Administrator</u>

SCHOOL DISTRICT NAME: Rochester CUSD 3A DESIGNATED REPRESENTATIVE OF LEA:

Name: <u>Brent Ashbaugh</u> Title: <u>SIS Administrator</u> Address: <u>4 Rocket Drive</u>

Phone:

Email: bashbaugh@rochester3a.net