EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and Sheridan School District ("Originating LEA") which is dated 08/18/2024 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:

material change in the applicable privacy sta	atues; (2) a material change in the services and productive years after the date of Provider's signature to this For	cts listed in the
LEAs should send the Signed Exhibit "E" to P	rovider at the following email address:	_
abby@classbank.com	·	
BY: Oltraal Coyle	Date: <u>08/18/2024</u>	
Printed Name: Abby Coyle	Title/Position: <u>CEO</u>	
2. Subscribing LEA		
	ervice Agreement with Provider, and by its signature oscribing LEA and the Provider shall therefore be bou	
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	ECTIVENESS, SUBSCRIBING LEA MUST DELIVER O PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. *	*
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BY: Printed Name: SCHOOL DISTRICT NAME:	Date:Title/Position:	_
BY: Printed Name: SCHOOL DISTRICT NAME: DESIGNATED REPRESENTATIVE OF LEA:	Date:Title/Position:	_
BY: Printed Name: SCHOOL DISTRICT NAME: DESIGNATED REPRESENTATIVE OF LEA: Name:	Date:	_
BY: Printed Name: SCHOOL DISTRICT NAME: DESIGNATED REPRESENTATIVE OF LEA: Name: Title:	Date:	_