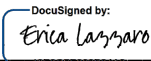## EXHIBIT "E"
## GENERAL OFFER OF PRIVACY TERMS

**1**. **Offer of Terms**

Provider offers the same privacy protections found in this DPA between it and ___*Fort Smith Public Schools*___ ("Originating LEA") which is dated _03/20/2024_ 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:

*legalteam@overdrive.com_____* .

**OverDrive, Inc.**

BY: _Erica Lazzaro_____ Date: ___03/20/2024_____

Printed Name: Erica Lazzaro_____ Title/Position: EVP & General Counsel_____

**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 ___*Fort Smith Public Schools*___ and the Provider.

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

BY: _Leann Pinkerton_____ Date:___03/20/2024_____

Printed Name: ___Dr. Leann Pinkerton_____ Title/Position: Director of Educational Technology

SCHOOL DISTRICT NAME: ___Sheridan School District_____

DESIGNATED REPRESENTATIVE OF LEA:

Name: ___Dr. Leann Pinkerton_____

Title: ___Director of Educational Technology_____

Address: _400 North Rock St Sheridan AR 72150_____

Telephone Number: ___870-942-3135_____

Email: ___leannpinkerton@sheridanschools.org_____