



**Exhibit “E” (continued)**

Originating LEA: Salem-Keizer Public Schools  
 Resource Names: Fabuligua  
 Provider Name: Fabuligua Inc

**Page 2 of 2:** Insert Name of 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 Originating LEA and the Provider. **\*\*PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER.\*\*** Please note, by signing this Exhibit you are also agreeing to any language that may be included in Exhibits to the Originating DPA beyond this Exhibit “E”. The below signatory confirms they are authorized to bind their institution to this DPA as in its entirety.

Subscribing LEA: Insert Name of Subscribing LEA

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 School District Name: \_\_\_\_\_

**Designated Representative of LEA:**

Name: Chrystiana Silva Title: Tech Support Field Coordinator  
 Address: 1340 State St Salem Or 97301  
 Telephone: 503-576-0815 Email: silva\_chrysti@salkeiz.k12.or.us

**Notices to Subscribing LEA:** The Provider and Subscribing LEA are each responsible to promptly notify the other Party of changes to the notice information.

**Security Notices to Subscribing LEA**

[ LEA Security Name ]  
 [ LEA Security Role ]  
 [ LEA Security Postal Address ]  
 [ LEA Security Email Address ]

[ LEA Name ]  
 [ LEA Role ]  
 [ Street, City, State ]  
 [ LEA Email Address ]

With a copy to (if provided):  
 [ LEA Legal Counsel ]  
 [ LEA Legal Counsel Postal Address ]  
 [ LEA Legal Email Address ]