EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between	en it and MAI I	NE SCHOOL ADMINISTRAT	IVE
DISTRICT 52 ("Originating LEA") which is datedJuly 8, 2024	_, to any othe	er LEA ("Subscribing LEA") w	/hc
accepts this General Offer of Privacy Terms ("General Offer") through	its signature k	below. This General Offer sh	ıal
extend only to privacy protections, and Provider's signature shall no	t necessarily	bind Provider to other terr	ns,
such as price, term, or schedule of services, or to any other provision	not addressed	d in this DPA. The Provider a	inc
the Subscribing LEA may also agree to change the data provided by $% \left\{ \left(1\right) \right\} =\left\{ \left(1\right) \right\} =\left\{$	Subscribing L	EA to the Provider to suit t	the
unique needs of the Subscribing LEA. The Provider may withdraw the $$	General Offer	r in the event of: (1) a mate	ria
change in the applicable privacy statutes; (2) a material change in the s	ervices and pr	oducts listed in the originat	ing
Service Agreement; or three (3) years after the date of Provider's sign	ature to this I	Form.	
Subscribing LEAs should send the signed Exhibit "E" to Provider at the	following em	nail address:	
legalnotices@ixl.com	<u></u> .		
IXL LEARNING, INC.			
BY: Part Minh	Date:	7/8/2024	

Printed Name: Paul Mishkin Title/Position: Chief Executive Officer

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 **MAINE SCHOOL ADMINISTRATIVE DISTRICT 52** and the Provider.

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

Subscribing LEA: (School District Name):

By: Courtney Moran, M.Ed. Date: 2024-10-01

Printed Name: Courtney Moran, M.Ed. Title: Assistant Superintendent

SCHOOL DISTRICT NAME: Westford Public Schools DESIGNATED REPRESENTATIVE OF LEA:

Name: <u>Stephanie Gosselin</u>
Title: <u>Digital Learning Specialist</u>
Address: <u>23 Depot Street</u>

Phone: <u>9786925570</u>

Email: sgosselin@westfordk12.us