EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

| | e same privacy pr | | | | | | | |
|----------------------------------|--|--------------------|---------------|---------------|-------------|-------------|----------|-----------|
| ("Originating LEA") | which is dated07/ | 15/2022, to | any other L | EA ("Subsc | ribing LE | A") who acc | epts thi | s Genera |
| Offer of Privacy To | erms ("General Offe | er") through it | s signature | below. Thi | s Genera | l Offer sha | ll exten | d only to |
| privacy protection | s, and Provider's si | gnature shall r | not necessari | ily bind Pro | ovider to | other tern | ns, such | as price |
| term, or schedule o | of services, or to any | other provisio | n not address | sed in this I | DPA. The | Provider ar | d the Su | bscribing |
| LEA may also agree | e to change the dat | a provided by | Subscribing | LEA to the | Provider | to suit the | unique | needs o |
| applicable privacy | A. The Provider manstatutes; (2) a mat | erial change ir | the service | s and prod | lucts liste | | | • |
| Agreement; or thre | ee (3) years after the | e date of Provi | der's signatu | re to this F | orm. | | | |
| Subscribing LEAs privacy@clas | should send the | signed <u>Exhi</u> | bit "E" to | Provider | at the | following | email | address |
| CLASSTAG, INC. | DocuSigned by: | | | | | | | |
| BY: | Jason Olim Date: | | | | | | | |
| | Jason Office | | | СТ | <u>-</u> 0 | | | |
| Printed Name: | | | Title/Po | osition: | 0 | | | |

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 **Lewiston 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: <u>Amanda Ramsay</u>

Printed Name: <u>Amanda Ramsay</u>

Date: <u>2023-02-09</u>

Title: <u>IT Director</u>

SCHOOL DISTRICT NAME: <u>SAU 20</u>

DESIGNATED REPRESENTATIVE OF LEA:

Name: Amanda Ramsay

Title: IT Director

Address: 123 Main St Unit 4, Gorham, NH 03581

Phone: <u>603-466-3632</u>

Email: amanda.ramsay@sau20.org