EXHIBIT E: GENERAL OFFERS OF TERMS

| Page 1 of 2: OFFER OF TERMS | | | | | |
|--|--|--|---|--|------------------------------|
| Provider and the Subscribing LEA (named below) agr Offer") that they are bound by the san BEAVERTON SCHOOL DISTRICT | ne terms as | the DPA | • | Provider | eneral and |
| Provider and Subscribing LEA agree that the inform information specific to the Subscribing LEA filled in extend only to the terms set forth in this DPA and sha other terms entered into between Provider and Origin schedule of Services, relating to Subscribing LEA's between Provider and Subscribing LEA. | below for the Suall not necessaril nating LEA. Any | ubscribing LI y bind Provid commercial | EA. This Ge der or Subscr terms, such a | neral Offer ibing LEA to as price, ter | shall o any m, or |
| If Provider makes changes to Exhibit "A" or Exhibit Provider must complete the Addendum template provand all Subscribing LEAs in accordance with the notificand contents. With regard to a Subscribing LEA, an A Subscribing LEA is notified by Provider. If an Addendation receipt to object. If no written objection is receparties. | rided by the A4L ication provisions addendum is auto | Community as of this DPA omatically incomined in the control of th | and notify the , of the Adder corporated int LEA will have | Originating of this DPA of thirty (30) | LEA tence when days |
| The Provider may withdraw the General Offer (for furthe event of: (1) a material change in the applicable and products listed in the Service Agreement. ndpa_requests@A4L.org . | privacy statutes | ; or (2) a ma | iterial change | e in the Ser | vices |
| Subscribing LEAs shall send the signed Exhil data-protection-officer@dorianstudio.com | oit "E" to Prov | vider at the | e following | email add | lress: |
| The below signatory confirms they are authorized to | bind their institut | ion to this DF | PA as in its e | ntirety. | |
| RESOURCE NAME(S): | | | | | |
| [Insert resource names covered by originating [| PA | | | |] |
| [r | | | | |] |
| [| | | | | J |
| | | | | | |
| PROVIDER: [Dorian Studio | | |] | | |
| Signed By: Jayan mark (Apr 21, 2025 14:32 PDT) | Date: | Apr 27, 2025 | | | |
| Printed Name: Jake Mark | Title/Position: | Business Deve | elopment Mana | ger | _ |

Exhibit "E" (continued)

Originating LEA: BEAVERTON SCHOOL DISTRICT

Resource Names: Inpart recourse names covered by originating DDA

Provider Name: Dorian Studio

Page 2 of 2:

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 L | EA:Tigard-Tualatin School District Digitally signed by Jessica | | | | | |
|---|--|-----------------|------------------------------------|--|--|--|
| Signed By: | Seay Date: 2025.05.08 11:02:43 -07'00' | Date: | 5/8/25 | | | |
| Printed Name: | Jessica Seay | Title/Position: | CFO | | | |
| School District Name: Tigard-Tualatin School District | | | | | | |
| Designated F | Representative of LEA: | | | | | |
| Name: | JAMES ALAN NEWTON | Title: | MANAGER OF APPLICATION DEVELOPMENT | | | |
| Address: | 1260 NW WATERHOUSE AVE, BEAVERTON, OR S | 97006 | | | | |
| Telephone: | 503-356-4416 | Email: | JIM_NEWTON@BEAVERTON.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

| Name | Susan Barnard |
|------|---------------|
| Role | IT Director |

Email

Address 6960 SW Sandburg St, Tigard, OR 97223

sbarnard@ttsd.k12.or.us Email

Insert Name of Subscribing LEA Name **LEA Role** Role Address

With a copy to (if provided):

Name

Address LEA Legal Counsel Email