



**Exhibit “E” (continued)**

Originating LEA: BEAVERTON SCHOOL DISTRICT

Resource Names: insert resource names covered by originating DPA

Provider Name: DISCOVERY EDUCATION, INC.

**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 LEA: Insert Name of Subscribing LEA

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

School District Name: \_\_\_\_\_

**Designated Representative of LEA:**

Name: JAMES ALAN NEWTON Title: MANAGER OF APPLICATION DEVELOPME

Address: 1260 NW WATERHOUSE AVE, BEAVERTON, OR 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 \_\_\_\_\_  
 Role LEA Security Role  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Role LEA Role  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

With a copy to (if provided):

Name \_\_\_\_\_  
 Address LEA Legal Counsel Postal Address  
 Email \_\_\_\_\_