EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers t	he same privacy protections f	^f ound in this DPA between it	and Lowell Public Sc	c hools ("Originating
LEA") which is c	lated ^{09/23/2023} , to an	y other LEA ("Subscribing L	EA") who accepts th	nis General Offer o
Privacy Terms ('	'General Offer") through its	signature below. This Gen	eral Offer shall exte	end only to privacy
protections, and	Provider's signature shall no	ot necessarily bind Provider	to other terms, such	h as price, term, or
schedule of serv	ices, or to any other provisio	on not addressed in this DPA	A. The Provider and t	the Subscribing LEA
may also agree t	to change the data provided	by Subscribing LEA to the P	rovider to suit the u	inique needs of the
Subscribing LEA.	The Provider may withdraw	w the General Offer in the	event of: (1) a mate	erial change in the
applicable priva	cy statutes; (2) a material ch	ange in the services and pr	oducts listed in the	originating Service
Agreement; or th	nree (3) years after the date o	of Provider's signature to thi	s Form.	
	as should send the signe	d <u>Exhibit "E"</u> to Provide	er at the followin	ng <mark>email address</mark>
privacy@brisł	rteaching.com	·		
	1			
Brisk Labs Corp.	Arman Jaffer Arman Jaffer (Sep 22, 2023 06:27 PI		0/22/2022)
BY:	Arman Jaffer (Sep 22, 2023 06:27 PI	DT) 	9/22/2023 _Date:)
Printed Name	Arman Jaffer	Title/Position:	CEO	
Printed Name		Title/Position:		

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 **Lowell 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>Thomas Lotz</u> Date: <u>2024-01-31</u>

Printed Name: Thomas Lotz Title: Network Administrator

SCHOOL DISTRICT NAME: Portsmouth School Department (NH)

DESIGNATED REPRESENTATIVE OF LEA:

Name: Thomas Lotz

Title: Network Administrator

Address: 1 Junkins Ave, Suite 402

Phone: 6034367100 Email: tlotz@sau52.org