EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found i	in this DPA between it and Mount Pulaski Community Unit District #23			
("Originating LEA") which is dated , to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") through its signature below. This General Offer shall extend only to				
		privacy protections, and Provider's signature shall not necessarily bind Provider to other terms, such as price, term, or schedule of services, or to any other provision not addressed in this DPA. The Provider and the Subscribing LEA may also agree to change the data provided by Subscribing LEA to the Provider to suit the unique needs of the Subscribing LEA. The Provider may withdraw the General Offer in the event of: (1) a		
material change in the applicable private statutes.	er may withdraw the General Offer in the event of: (1)			
the originating Service Agreements or three (2)	(2) a material change in the services and products listed in			
	years after the date of Provider's signature to this Form			
to Provider at the following email address:	AND THE PERSON NAMED IN COLUMN TO TH			
to Frontier at the following enfair address: I				
PROVIDER: Apptegy, Inc.				
BY: <u>Casey Mikula</u>	04/45/0004			
BY:	Date: _04/15/2021			
Cacay Mikula	Chief Calas Offices			
Printed Name: Casey Mikula	_{Title/Position:} Chief Sales Officer			
2. Subscribing LEA				
	coment with Decides and by the signature by			
	eement with Provider, and by its signature below, accepts			
terms of this DPA for the term of the DPA between t	LEA and the Provider shall therefore be bound by the same			
and Apptegy, Inc.	THE WORK I GLOSKI COMMUNICY OF IK DISTRICT #25			
1000 and 100	MUST DELIVED NOTICE OF ACCEPTANCE TO DROVIDED			
**PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **				
TO ARTICLE VII, SECTION 5.				
Subscribing LEA:				
BY:	Date:			
Printed Name:	Title/Position:			
SCHOOL DISTRICT NAME:				
DESIGNATED REPRESENTATIVE OF LEA:				
Name:				
Title:				
Address:				
Telephone Number:				
Email:				