EXHIBIT "E"

GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

APPLIED EDUCATIONAL SYSTEMS, INC.

Provider offers the same privacy protections found in this DPA between it and the LEA to any other school district ("Subscribing LEA") who accepts this General Offer though its signature below. The Provider agrees that the information on the next page will be replaced throughout the Agreement with the information specific to the Subscribing LEA filled on the next page for the Subscribing LEA. 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 provide by 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 privacy statues; (2) a material change in the services and products subject listed in the Originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Provider shall notify the LEA in the event of any withdrawal so that this information may be transmitted to the Subscribing LEAs.

| BY: XULLPISTOR | | Date: 1/2 | 0/20 | |
|--|--|-------------------|-------------------|-------------------|
| | In shedd | | | Manager |
| 2. Subscribing LEA | | | | |
| the General Offer of Privac | ning a separate Service Agreem y Terms. The Subscribing LEA covider shall therefore be bound | A's individual in | formation is cont | tained below. The |
| Wictoria L. Greer/ Nictoria L. Greer/ (Jul 19, 2021 09:15 EDT) | | Date: July 19, | 2021 | |
| Printed Name: Victoria L. Greer | | Title/Position: | Interim Superinte | endent of Schools |
| SCHOOL DISTRICT NAM | E: Cambridge Public Schools | | | |
| DESIGNATED REPRESEN | NTATIVE OF LEA: | | | |
| Name | Steve Smith | | | |
| Title | Chief Information Officer | | | |
| Address | 459 Broadway | | | |
| Telephone Number | 617-349-3055 | | | |
| Email | ssmith@cpsd.us | | | |
| COUNTY OF LEA: Midd | lesex | | | |

Business_IT_HealthCenter21_ExhibitE

Final Audit Report 2021-07-19

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By: Ramah Hawley (rhawley@tec-coop.org)

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Agreement completed.

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