The designated representative for the LEA for this DPA is.
Name: Shannon lessley Title: Dir. Wric. or Technology
Address: 340 Mad River Park, Suite 7, Waitsfield VT
Phone: 802-583-7947 Email: slessley & housd.org
The designated representative for the Provider for this DPA is:
Name: Cyri K. CarifaTitle:
Address: 325 N. LaSalle St., Chicago, IL 60654
Phone: 312-347-7227 ccarifa@eb.com
IN WITNESS WHEREOF, LEA and Provider execute this DPA as of the Effective Date.
Harwood Union Unified School District
By:
Printed Name: Shannon lessly Title/Position: Dir. Curric & Technology
Provider [
By: Cyri K. Carifa Date: 08/04/2021
By:

<u>EXHIBIT "E"</u> GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms			Henrie	ad Union Unified Cohool District		
Provider offers the sam	ne privacy protections fo	und in this DPA betwe	en it and [od Union Unified School District		
("Originating LEA") wh	ich is dated [August 4, 20	<u>]21],</u> to any other L	.EA ("Subscribing	g LEA") who accepts this		
				ral Offer shall extend only		
	_	The same of the sa		ther terms, such as price, ovider and the Subscribing		
				suit the unique needs of		
				a material change in the		
_	•			in the originating Service		
Agreement; or three (3) years after the date of	Provider's signature to		scribing LEAs should send		
	hibit "E" to end Exhibit E's	Provider at t	the followin	g email address:		
Encyclopædia Brita		 ·				
[Lincyclopædia Brita	<u></u>				*	
BY: Cyrik	. Carifa		Date:	08/04/2021		
Printed Name: Cyri K	. Carifa - ccarifa@e	b.com_ _{Title} /Position	n: Associate Ger	neral Counsel, CIPP/US		
2. Subscribing LEA						
	gning a separate Service	Agreement with Provid	ler, and by its sig	nature below, accepts the		
				bound by the same terms		
	n of the DPA between the			the Provider. **PRIOR TO		
ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO						
ARTICLE VII, SECTION 5.	**					
C 1	>		0/10	1>		
BY: Jest	,		Date: 8/9	12021		
Printed Name: <u>Sho</u>	unnon lessle	Title/Positio	n: Dir. Cu	ric & technolog	37	
SCHOOL DISTRICT NAM	1E: Harwood 1	Inicial Uni	ion Scho	ool District	0	
DESIGNATED REPRESEN	ITATIVE OF LEA:	7 1				
Name:	Shannon	lessly				
Title:	Director of	wirialum.	•	ology		
Address:	340 Mad \$	Liver Pork	, Suite	7 Waitsteld	W	
Telephone Number:	802-583	<u>s-7947</u>	***************************************	0567	3	
Email:	slesslu	Je hous	1:00			
	(0	0			