EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and [Winfield School District 34], ("Originating LEA") which is dated [April 20,2021], to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") by providing the requested information below, signing below and emailing a signed copy of this Exhibit E to Flipgrid at FGExSub@microsoft.com.

The LEA Issued Educator Email Address for Subscribing LEA will be any email address using the following

domain(s) and naming conventions, as applicable: [@winfield34.org].

PROVIDER: Flipgrid

Deb Moradden

The LEA Issued Student Email Address for Subscribing LEA will be any email address using the following domain(s) and naming conventions, as applicable: [@students.winfield34.org]

The LEA Admin Account for Subscribing LEA will be the following email address and any Flipgrid account created using the same: [winfield34manager@winfield34.org]

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. In addition to any termination provision in the DPA, 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 Service provided under the Service Agreement; or three (3) years afte the date of Provider's signature to this Form. Subscribing LEAs should send the signed Exhibit "E" to Provider at the following email address: FGExSub@microsoft.com_.

Date: April 27, 2021

Pi	rinted Name:_	Deb McFadden	Title/Position: Head of T	rust & Safety
2. Subscribing LEA				
the General Offer of P	rivacy Ter	ms. The Subscribing	reement with Provider, and b g LEA and the Provider shall t the Mount Pulaski CUSD #23	y its signature below, accepts herefore be bound by the same
**PRIOR TO ITS EFFECT PURSUANT TO ARTICI			A MUST DELIVER NOTICE OF	ACCEPTANCE TO PROVIDER
Subscribing LEA:	- 4	-	7	15 2021
RY. Jea	the	w Juck	Date:	-15-2021
Printed Name: He	ather	Frick	e Title/Position: HS	Principal
SCHOOL DISTRICT NAM	ME:/	Mount Pu	ulaski CUSD:	#23
DESIGNATED REPRESE	NTATIVE (OF LEA:		
Name:	Hea	other Fri	cke	
Title:	HS	Principa	a1	
Address:	200	, S. S,	oring St., Ma	ntPuleski, IL
Telephone Number:	21	7-792-	3209	62548
Email:	hfr	icke@mty	pulaski.K.12 il. u	2