## EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

## 1. Offer of Terms

| Provider offers the same privacy protections found in this DPA between it and [                                | ]      |
|--|--------|
| ("Originating LEA") which is dated [], to any other LEA ("Subscribing LEA") who accept                         | s this |
| General Offer of Privacy Terms ("General Offer") through its signature below. This General Offer shall extend  | d 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 Subsc | ribing |
| LEA may also agree to change the data provided by Subscribing LEA to the Provider to suit the unique nee       | eds of |
| the Subscribing LEA. The Provider may withdraw the General Offer in the event of: (1) a material change i      |        |
| applicable privacy statues; (2) a material change in the services and products listed in the originating Se    |        |
| Agreement; or three (3) years after the date of Provider's signature to this Form. Subscribing LEAs should     | send   |
| the signed <u>Exhibit "E"</u> to Provider at the following email add   | dress: |
| ·  |        |
| []   |        |
| BY:Date:   |        |
| 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 [\_\_\_\_\_\_] and the Provider. \*\*PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. \*\*

| BY:                  | Date:           |
|----------------------|-----------------|
|                      | Title/Position: |
| SCHOOL DISTRICT NAME |                 |
| DESIGNATED REPRESENT | ATIVE OF LEA:   |
| Name:                |                 |
| Title:               |                 |
| Address:             |                 |
| Telephone Number:    |                 |
| Email:               |                 |
|                      |                 |