EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and [Marion CUSD # 2] ("Originating LEA") which is dated [06/17/2021], 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 privacy statues; (2) a material change in the services and products listed in the originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Subscribing LEAs should send the signed Exhibit "E" to Provider at the following email address:

| the signed | | Provider's signature to Provider at th | this Form. Subscribing LEAs should send e following email address: |
|---|---|---|--|
| BiblioLabs | anica Dunan | · | 06/17/2021 |
| BY: | have haller | | _Date: |
| Printed Name: | Jessica Duggan | Title/Position: | Director of Operations, BiblioLabs |
| General Offer of P terms of this DPA fo ITS EFFECTIVENESS ARTICLE VII, SECTION | rivacy Terms. The Subscribing or the term of the DPA betwee , SUBSCRIBING LEA MUST DE N 5. ** | LEA and the Provider n the [Marion CUS | , and by its signature below, accepts the shall therefore be bound by the same SD # 2] and the Provider. **PRIOR TO EPTANCE TO PROVIDER PURSUANT TO |
| BY: | | Date: | 06/15/2021 |
| Printed Name: Ke | ith Oates | Title/Position: | Superintendent |
| SCHOOL DISTRICT N | Marrier OLIOD II | 2 | |
| DESIGNATED REPRE | SENTATIVE OF LEA: | | |
| Name: | Keith Oates | | |
| Title: | Superintendent | V 100-04-00-10 | |
| Address: | 1700 W. Cherry St Marion, IL 62959 | | |
| Telephone Number | 618-993-4075 | | |
| Email: | koates@marionunit2.org | | |