## **EXHIBIT "E"**

## **GENERAL OFFER OF PRIVACY TERMS**

## 1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and Laramie County School District 1 ("Originating LEA") which is dated October 8, 2025, 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: sdpa@wilsonlanguage.com.

| BY:  | 1  | Date:                             | 10/8/2025                        |
|--|--|-----------------------------------|----------------------------------|
| //   | 4  | Title/Position: General Co        | ounsel                           |
| 2. Subscribing LEA   |  |                                   |                                  |
| General Offer of Privacy Term<br>DPA for the term of the DPA b | ns. The Subscribing LEA and<br>petween the Laramie Cou | unty School District 1 and the Pr | pe bound by the same terms of th |
| Subscribing LEA:   |  |                                   |                                  |
| BY:  | Date:  |                                   |                                  |
| Printed Name:  |  | Title/Position:                   |                                  |
| SCHOOL DISTRICT NAME:  |  |                                   |                                  |
| DESIGNATED REPRESENTATIVI                                      |  |                                   |                                  |
| Name:  |  |                                   |                                  |
| Γitle:   |  |                                   |                                  |
| Address:   |  |                                   |                                  |
| Геlephone Number:  |  |                                   |                                  |
| Email:   |  |                                   |                                  |
|  |  |                                   |                                  |