

**RESPONSE DEADLINE:**

**MUST BE POSTMARKED  
NO LATER THAN  
JUNE 12, 2017**

Belford Class Action Claims  
PO Box 6878  
Broomfield, CO 80021  
1-844-320-4304

**CLAIM FORM BY AFFIDAVIT**

If you are a U.S. resident and you purchased a Belford High School diploma at any time from January 1, 2003 to January 23, 2012, you are a "Class Member" and you may be entitled to a share in the settlement proceeds. If you did not purchase a Belford High School diploma, but purchased another diploma such as a Belford University diploma, you are not a "Class Member" and you are not eligible to seek a share of settlement proceeds.

If you are a Class Member, you must complete and submit this form in order to be eligible for any settlement benefits. You must send the completed, signed form by first class mail, postmarked no later than **June 12, 2017**, to the following address:

Belford High School Class Action Claims  
PO Box 6878  
Broomfield, CO 80021

If you do not send in a signed, completed claim form to this address postmarked no later than **June 12, 2017**, your claim will be rejected and you will not receive any money in connection with the settlement. Do not send your claim to the Court or to any other address.

**SECTION A. CLAIMANT INFORMATION**

\_\_\_\_\_  
Class Member's Current Name

\_\_\_\_\_  
Class Member's Name On Belford High School Diploma (if different)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail

**SECTION B – INFORMATION NECESSARY TO DETERMINE PAYMENT AND BENEFITS**

You must provide certain information in order for the Claims Administrator to determine your eligibility for a payment from the settlement.

Approximate Date of Diploma Purchase: \_\_\_/\_\_\_/\_\_\_\_

Amount Paid: \$\_\_\_\_\_ (if you paid more than \$249 for your diploma you must attach evidence to support)

Attach a copy of your Belford High School diploma. If you are unable to attach a copy of your Belford High School diploma, attach evidence explaining why you are unable to do so.

## HOW THE CLAIMS PROCESS WORKS

1. In order to receive any money or benefits from this settlement, you must submit a valid claim by June 12, 2017.
2. After you submit a claim you will receive a notice that your claim has been received.
3. The notice will contain the Claims Administrator's determination whether your claim is valid and your "Claim Amount," which is the number that will be used to determine the amount of your settlement payment. Your "Claim Amount" will be \$249 unless you provide evidence that you paid more or less than \$249 for your Belford High School diploma.
4. If you disagree with the determination whether your claim is valid or the amount you paid for the Belford High School diploma, you must write the Claims Administrator to dispute the determination and you must explain why you believe the determination is wrong. You must include documentation to support your explanation. If you do not dispute your "Claim Amount," this amount will be used to determine your share of the Net Settlement Fund. The Claims Administrator will be the final arbiter of all disputes relating to claims, claim amounts and the total amount of claims.
5. The Claims Administrator will determine the Total Claim Amount, which is the amount of all the claims and will determine what percentage your Claim Amount is of the Total Claim Amount. You will receive your share of the Total Claim Amount. Your payment will not exceed the amount you paid for your Belford High School diploma.
6. The Claims Administrator will determine what your payment will be and will mail you a payment check. This check will be mailed only if the Court approves the settlements and after any appeals are resolved. This may take time, so please be patient.

## SECTION C – CERTIFICATION

By signing and submitting this claim form and pursuant to 28 U.S.C. §1746, I declare the following are true, correct and complete and I agree to the following terms and release of claims:

1. I have read and understand the Class Notice and I believe that I am a member of the Class and that I am entitled to a share of the Settlement Fund.
2. I understand that I will receive a notice from the Claims Administrator once my claim is received and that this notice will state the determination whether my claim is valid and my "Claim Amount." I understand that my payment will be determined using this amount unless I submit a letter disputing this determination pursuant to instructions provided in the notice and the Claims Administrator agrees to change the amount. I understand that the decision of the Claims Administrator as to the validity of my claim, the amount I paid, and my "Claim Amount" is final.
3. I understand that the information that I provide on this form is subject to verification, and I agree to cooperate with verification efforts by the Claims Administrator, Class Counsel or the Court.
4. I consent to the jurisdiction of the United States District Court for the Eastern District of Michigan with respect to any and all questions concerning the settlement, this lawsuit, or the validity of this Claim Form.
5. I understand that no one has offered me tax advice about the tax consequences of any payment or benefits received in connection with my claim and that it is my responsibility to determine any such consequences.
6. I understand that by submitting this claim I am barred from asserting, prosecuting, commencing, instigating or participating in the commencement, maintenance or prosecution of any action or other proceeding, in any forum, asserting any Settled Claims against any Released Persons as those terms are defined in the Stipulation of Settlement.

I declare under penalty of perjury that the foregoing is true and correct and I certify that all of the information I provided on this Claim Form By Affidavit is true, complete and accurate.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date