

## **Fairleigh Dickinson University Settlement Electronic Claim Form**

### **CLAIM FORM AND INSTRUCTIONS**

In order for you to qualify to receive a payment related to *Doval, et al. v. Fairleigh Dickinson University*, Docket No. BER-L-004966-20, as described in the Notice of this Settlement (the “Class Notice”), you must file a Claim Form, as set forth below, to process your claim.

Your claim will only be considered upon compliance with all of the following conditions:

1. Please review the Notice of Proposed Class Action Settlement (the “Notice”) and have the Notice with you when you complete your Claim Form. A copy of the Notice is available at [www.fdusettlement.com](http://www.fdusettlement.com).
2. You must select a method of payment as identified below.
3. You must sign this Claim Form.
4. By signing and submitting this Claim Form, you are certifying under penalty of perjury that you were a student at Fairleigh Dickinson University (“FDU”) and/or you paid tuition or fees to FDU for the Spring 2020 Semester that have not been refunded.
5. In order for you to receive a cash payment as part of this Settlement, you must complete and submit the form below by no later than October 1, 2024.
6. Your failure to complete and submit the Claim Form by October 1, 2024 will preclude you from receiving any payment in this Settlement.

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### **ELECTION OF PAYMENT METHOD**

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**Please choose one of the following:**

**OPTION ONE: RECEIVE ELECTRONIC PAYMENT**

Confirm your email address below and an email will be sent from [fdusettlement@mailrt.com](mailto:fdusettlement@mailrt.com) to the email address you provided on this Election Form, prompting you to elect your method of payment. Venmo or PayPal will be available, or you can elect to receive a check. Please ensure you have provided a current and complete email address. If you do not provide a current and valid email address, the Settlement Administrator will attempt to mail you a check to the address on file per Fairleigh Dickinson University’s records.

**OPTION TWO: RECEIVE CASH PAYMENT BY CHECK**

If you need to update your name or address to receive a paper check, provide the information below. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form.

I, \_\_\_\_\_, state as follows:  
(PRINT FIRST AND LAST NAME)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Current City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number (Day)

\_\_\_\_\_  
Telephone Number (Night)

\_\_\_\_\_  
Email Address

**SIGNATURE**

**DATE**

**ACCURATE CLAIMS PROCESSING TAKES TIME. THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please select a method of payment;
2. Please sign the above Claim Form;
3. Keep print or screenshot copy of your completed Claim Form for your records;
4. If you move or your name changes, please send your new address, new name or updated contact information to the Claim Administrator via mail, or by calling the Claims Administrator's toll-free telephone number, 1-844-979-7303 or email [info@rg2claims.com](mailto:info@rg2claims.com)