

Class Member ID: 

311360000000

DEVRY UNIVERSITY SETTLEMENT CLAIM FORM

THIS CLAIM FORM MUST BE **POSTMARKED BY SEPTEMBER 7, 2020** AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT. Instructions: Fill out each section of this form and sign where indicated.

Name (First, M.I., Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (optional): _____@_____

Contact Phone #: (____) _____ - _____ (You may be contacted if further information is required.)

If you received a postcard or email notifying you about the Settlement, please enter the Class Member ID that was included in your postcard or email notice here:

3 1 1 3 6 _____

Provide the following information regarding your DeVry University or Keller Graduate School education (to the best of your recollection):

Dates you attended (or paid for credits): _____ Approximate number of credits paid for: _____

Did you graduate? No Yes If yes, when _____? If yes, which degree? Associate's Bachelor's Master's

What was your field of study? _____

Did you obtain a job in your field of study No Yes If yes, when did you first obtain that job? _____

Class Member Verification: By submitting this claim form and checking the boxes below, I declare that I believe I am a member of the Settlement Class and that the following statements are true (each box must be checked to receive a payment):

I am a person in the United States who purchased or paid for any part of a DeVry or Keller education program between January 1, 2008, and December 15, 2016.

I saw advertisements claiming that 90% of DeVry graduates had jobs in their field of study within six months after graduation (or substantially similar claims) and/or that DeVry graduates earned more on average than graduates of other colleges (or substantially similar claims), and this was a substantial factor in my decision to enroll or remain enrolled at DeVry or Keller.

I authorize Adtalem Global Education Group Inc. and DeVry University, Inc. to inquire as to the receipt of any funds I may have already received from prior DeVry settlements, including, but not limited to, the settlements with the Federal Trade Commission, Department of Education, New York Attorney General and Massachusetts Attorney General or through any borrower defense to repayment application, and share that information with Settlement Class Counsel and the Settlement Administrator. I understand I may be contacted to provide additional information in order to process any Settlement payment.

All information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature: _____ Date: ____/____/____

Print Name: _____

The Settlement Administrator will review your Claim Form and will independently verify the dates of attendance and credit hours claimed. If accepted you will be mailed a check based on the number of credit hours that you paid for. If you graduated and your claim is accepted, your check will include an additional payment. This process takes time, please be patient.

Questions, visit www.devryuniversitysettlement.com or call 1-833-913-4211

