

INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE CLAIM FORM

1. Fill in all blank spaces in the claim form with clearly printed or typed information.
2. You must sign and date the claim form.
3. By signing your claim form, you are declaring under penalty of perjury that the information provided is true and correct. Please understand that you could be subject to criminal penalties for submitting any false information on your form.
4. If you have any questions about this form, contact the Claims Administrator at claims@ssiclaims.com or (833) 419-0995. There is no fee for any service or assistance provided by the Claims Administrator. **DO NOT CONTACT THE COURT OR THE CLERK OF THE COURT.**
5. Complete your claim form at www.walden-dba-settlement.com, or mail your signed and completed claim form using the enclosed pre-addressed, postage-paid envelope, by **January 15, 2025**. If you do not have the pre-addressed, postage-paid envelope, you may mail your signed and completed claim form to: Carroll v. Walden University, LLC Claims Administrator, c/o Settlement Services, Inc., PO Box 2715, Portland, OR, 97208-2715. **YOUR CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED ON OR BEFORE JANUARY 15, 2025. LATE CLAIM FORMS WILL NOT BE CONSIDERED.**
6. If your email address or mailing address changes at any time, mail your new address to the Claims Administrator at the address above or update it at www.walden-dba-settlement.com. Any change of address must be in writing and include your signature.
7. You do not need an attorney to help you submit a claim form. If you do wish to consult an attorney, however, you may do so at your own expense.
8. Please keep a copy of the completed form for your records.
9. If you believe that you took more or less capstone credits than indicated on the materials provided to you, you may submit documents to support that claim. Any documents you submit to show that you took a different number of capstone credits at Walden than indicated on the materials provided to you will be considered in determining the amount of any monetary payment you are eligible to receive. Examples of such documents include, but are not limited to:
 - a. Transcripts from Walden;
 - b. Signed Walden enrollment agreements;
 - c. Walden certificate of completion;
 - d. Cancelled checks or other documents showing payment to Walden; or
 - e. Emails of letters from or to Walden.

If you do not dispute the number of capstone credits that you took, you do not need to submit any documents other than a completed claim form.

MailID: «MailID»

**WALDEN UNIVERSITY CLASS ACTION
CLAIM FORM**

*Aljanal Carroll, et al. v. Walden University, LLC, et al.
Case No. 1:22-cv-00051-JRR*

«fname» «lname»
«address» «address_2»
«City», «State» «Zip»
«Country»

MailID: «MailID»

TELEPHONE: (____) _____ (____) _____
Mobile Other (please specify)

EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

PREFERRED METHOD OF COMMUNICATION (select one): mail email text

Were you enrolled in Walden University's Doctor of Business Administration program, or did you begin classes in the program, between August 1, 2008, and January 31, 2018? (check one):

Yes _____ No _____

What is your race? (check one): Black _____ Other _____

What is your sex? (check one): Female _____ Other _____

If you answered "Female," did you apply for and/or receive student loans or payment plans to pay for some or all of your Walden education? (check one):

Yes _____ No _____

Is «capstone credits» the correct number of capstone credits you completed in connection with Walden University's Doctor of Business Administration program between «Start Date» and «End Date»?

Yes _____ No _____

If you answered "No," what is the correct number? _____. You are encouraged to submit documentation to support your answer. If you answered "Yes," no supporting documentation should be submitted.

I declare under penalty of perjury that the foregoing is true and correct. I understand that I could be subject to criminal penalties for submitting any false information on this claim form.

Signature

Executed on _____ (today's date)

IF SUBMITTING BY MAIL, SEND THIS FORM TO:

**Carroll v. Walden University, LLC Claims
Administrator c/o Settlement Services, Inc.
PO Box 2715
Portland, OR 97208-2715
Email: claims@ssiclaims.com
Phone: (833) 419-0995
Website: www.walden-dba-settlement.com**

**THIS CLAIM FORM MUST BE POSTMARKED ON OR BEFORE JANUARY 15, 2025
LATE CLAIM FORMS WILL NOT BE CONSIDERED**