

**VERIFIED PROOF OF CLAIM AND RELEASE FORM**

Davis, et al. v. Apollo Group, Inc., et al.

Must be mailed and postmarked no later than June 7, 2004 to:

Davis, et al. v. Apollo Group, Inc., et al.  
c/o Claims Administrator  
PO Box 1711  
Faribault MN 55021-1711  
1-877-347-4784

**Claimant Identification**

Claim Number    Control Number  
Mr./Ms. Claimant  
1234 Main Street  
Anywhere, U.S.A.

Daytime Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Evening Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Required Information Or Corrections**

*(Write any name and address corrections below, if any corrections are necessary, **OR** if there is no preprinted data to the left.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

IF YOU COMPLETE THE REQUEST FOR EXCLUSION FROM SETTLEMENT CLASS FORM DO NOT COMPLETE THIS FORM.  
THIS DOCUMENT MUST BE RECEIVED NO LATER THAN 5:00 P.M. CENTRAL TIME ON JUNE 7, 2004, OR IF DEPOSITED IN THE  
U.S. MAIL, POSTMARKED NO LATER THAN JUNE 7, 2004.

**I. GENERAL INSTRUCTIONS**

1. It is important that you read completely and understand the Notice of Proposed Class Action Settlement ("Notice"), that accompanies this Proof of Claim and Release Form. The Notice describes the proposed settlement, how settlement class members are affected by it, and the manner in which the net settlement fund will be distributed, if the settlement is approved by the court. By signing and submitting the Proof of Claim and Release Form, you will be certifying that you have read and understand the Notice.
2. This Proof of Claim and Release Form is directed to members of the settlement class. If you are not a settlement class member, or if you request exclusion from the settlement class, do not submit a Proof of Claim and Release Form.
3. If you are a settlement class member and you do not submit a timely request for exclusion, and if the Court approves the settlement, you will be bound by the terms of any judgment that the Court enters, whether or not you submit a Proof of Claim and Release Form. The judgment will enjoin you from filing or continuing to prosecute the settled claims against the defendants.
4. By submitting a signed Proof of Claim and Release Form, you will be affirming, under penalty of perjury, the truth of the statements contained therein. The submission of a false claim or the making of a false statement could result in the rejection of your claim and may subject you to civil liability.

## **II. EMPLOYMENT INFORMATION**

INSTRUCTIONS: Fill in the information below. (If you do not know how many weeks you worked as an enrollment counselor for the defendants in California or do not know how many weeks you were on vacation or otherwise off work, you can secure this information by calling the Claims Administrator at 1-877-347-4784.)

1. Did you work as an enrollment counselor, admissions counselor, admissions advisor or similar position for University of Phoenix, Inc., and/or Apollo Group, Inc., in California on or after March 18, 1999?

YES  NO

2. ANSWER ONLY IF YOU ANSWERED YES TO QUESTION 1 ABOVE

➔ Since March 18, 1999, there were \_\_\_\_\_ [insert number of weeks] weeks during which I was working as an enrollment counselor or other similar position for University of Phoenix, Inc. or Apollo Group, Inc. in California *and* one or both of the following were true: (a) I worked more than 40 hours during that week *and/or* (b) I worked more than 8 hours on at least one day that week. I understand that I am submitting this information under the penalty of perjury and, as is set forth in the Notice that the number of weeks of overtime that I claim may, in certain situations, be challenged by the University of Phoenix/Apollo Group, Inc.

## **III. UNDERSTANDING OF AGREEMENT**

**I understand that I will receive an overtime payment for each week (not to exceed 80 weeks) during the relevant time period which I worked overtime; and that the amount will be \$119.10 per week, less required deductions, unless prorated downward as described by item 6 of the Notice.**

## **IV. SUBMISSION TO JURISDICTION OF COURT**

I submit this Proof of Claim under the terms of the proposed settlement described in the Notice. I also submit to the jurisdiction of the Solano County Superior Court with respect to my claim as a settlement class member and for purposes of enforcing the release of claims set forth in the Settlement Agreement. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in this action. I have submitted no other claim for overtime, or related causes of action as set forth in the complaint by Paul Stockman in the Action, and know of no other person having done so on my behalf.

## **V. RELEASE OF CLAIMS**

Upon receipt of any payment from the settlement proceeds, I hereby release the University of Phoenix, Inc., and the Apollo Group, Inc., and their affiliates, subsidiaries, officers, directors, agents, employees, and attorneys from any and all claims and causes of action set forth in the complaint on file in this lawsuit.

**VI. VERIFICATION AND ACKNOWLEDGMENT**

I have read and am familiar with the Instructions accompanying this Proof of Claim and Release and I verify that the information I have set forth in the foregoing Proof of Claim and Release and in documents attached hereto is true and correct and complete to the best of my knowledge. I further certify that I have read and am familiar with the accompanying Notice to which this Proof of Claim and Release relates. I understand and agree that this Proof of Claim and Release will be processed and will be allowed, if at all, in accordance with the procedures set forth in the Notice.

I further agree and understand that if the proposed settlement is approved by the Court and becomes effective, all settled claims as defined in the Notice will be released, discharged and extinguished forever as against all defendants.

I declare under penalty of perjury under the laws of the State of California that the statements made and the answers given in this Proof of Claim and Release are true and correct.

Dated: \_\_\_\_\_, 2004

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

**Reminder Checklist:**

1. Sign and date directly above.
2. Keep a copy for your records.
3. While you are not required to do so, you will *not* receive confirmation that your Proof of Claim and Release Form have been received unless you send it via Certified Mail, Return Receipt Requested or by some other means which provides you with proof of receipt.
4. Make sure that the Proof of Claim and Release Form arrives no later than 5:00 p.m. on June 7, 2004, or if deposited in the U.S. Mail, is postmarked no later than June 7, 2004.