

**REQUEST FOR EXCLUSION FROM SETTLEMENT CLASS FORM**

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

**Required Information**

*(Write name and address information below.)*

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

IF YOU COMPLETE THE PROOF OF CLAIM FORM DO NOT COMPLETE THIS FORM.

THIS DOCUMENT MUST BE RECEIVED NO LATER THAN 5:00 P.M. ON JUNE 7, 2004, OR IF DEPOSITED IN THE U.S. MAIL,  
POSTMARKED NO LATER THAN JUNE 7, 2004.

INSTRUCTIONS: If you complete this section, you will not participate in the settlement and you will not receive benefits from the class settlement. If you wish to pursue a claim against the defendants for overtime pay, you will need to do so on your own. You may contact settlement class counsel if you have questions regarding the consequences of opting out.

I choose to exclude myself from the class. I understand that, by doing so, I will not receive benefits or funds from this settlement.

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

\_\_\_\_\_  
Signature

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