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CLAIM FORM

Instructions. Fill out each section of this form and sign where indicated. Please submit a Claim Form on this website if you would like to receive your payment electronically (ACH, Zelle, PayPal, or Venmo and provide the necessary information). If you would like to submit a paper claim form, one is available in the Documents section of this website. **THIS CLAIM FORM MUST BE SUBMITTED BY AUGUST 30, 2023.**

First Name

Last Name

Street Address

City

State

Zip

Contact Phone # (You may be contacted if further information is required.)

Email Address

Name of educational institution(s) where you were enrolled between November 11, 2015 and June 2, 2023 and used Respondus Monitor:

Zip Code where you physically took the exam: ____

Class Member Affirmation: By submitting this Claim Form, I declare that I am a member of the Settlement Class and that the following information is true and correct: I am an individual who used Respondus Monitor for exam purposes while physically present on at least one occasion in the state of Illinois at any time between November 11, 2015 and June 2, 2023.

Signature

_____/_____/_____
Date (MM-DD-YYY)