

# CLAIM FORM

## CEC Class Action Settlement

This form must be filled out completely and accurately for you to apply for payments.

### PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY:

1. Not all students will be eligible for payments. You should read the Notice of Settlement and Settlement Agreement included with the Notice of Settlement. These documents will explain who will be eligible to receive payments.
2. In order to be eligible to receive payment, this claim form must be completed and postmarked, faxed and/or e-mailed to the address below on or before 5:00 p.m. on March 10, 2008. A copy of the Claim Form is also available online at [www.ceccaclassactionsettlement.com](http://www.ceccaclassactionsettlement.com). If you do not return the Claim Form completed and postmarked, faxed, and/or e-mailed, to the address below by 5:00 p.m. on March 10, 2008, you will not be eligible to receive payment.

BDO Seidman  
c/o CEC Class Action Auditor  
330 Madison Avenue  
New York NY 10017  
Fax: (212) 697-4879  
[cesettlement@bdo.com](mailto:cesettlement@bdo.com)

3. Please provide all information requested in as much detail as possible. Print legibly or type your answers. You may be contacted by representatives of BDO Seidman to request additional information and/or verify or clarify the information you provided on this Claim Form.
4. **You must sign this Claim Form under penalty of perjury. This means that you must be honest when answering the questions. False answers may subject you to criminal prosecution. Your answers may be checked to make sure that only eligible students may seek payments.**

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

Name (if different while attending college): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address:

Street \_\_\_\_\_

Apt./Unit: \_\_\_\_\_

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

Phone: Day: \_\_\_\_\_ Evening/mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Which school(s) did you attend (check all that apply):

AIU-LA     Brooks College

Brooks Institute of Photography

Date(s) of original enrollment (Please indicate month and the year. If you do not remember the exact month, you can state the season and the year. For example, Spring 2002)

\_\_\_\_\_

Did you graduate?     Yes     No

Degree(s): \_\_\_\_\_

If you currently attend AIU-LA, Brooks College or Brooks Institute of Photography, please list all the reasons you decided to enroll. Please be sure to rank your reasons by order of importance starting with the most important reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you voluntarily left school without graduating, please state all the reasons for your decision.

\_\_\_\_\_  
\_\_\_\_\_

If you graduated, please list each reason that was important to you in making a decision to enroll in the school. Please be sure to rank your reasons by order of importance starting with the most important reason.

\_\_\_\_\_

List all employment for the 12-month period after you completed your courses. Please include all "freelance" jobs and self-employment:

1. Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Date Employed: \_\_\_\_\_  
Salary/wage: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Describe all your job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how much of your work time for this employer involved skills or information you learned at school? Please answer by placing a checkmark next to the percentage which is the best estimate of this amount of time.

100% \_\_\_\_\_ 80% \_\_\_\_\_ 60% \_\_\_\_\_ 50% \_\_\_\_\_  
40% \_\_\_\_\_ 20% \_\_\_\_\_ 0% \_\_\_\_\_

2. Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Date Employed: \_\_\_\_\_  
Salary/wage: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Describe all your job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how much of your work time for this employer involved skills or information you learned at school? Please answer by placing a checkmark next to the percentage which is the best estimate of this amount of time.

100% \_\_\_\_\_ 80% \_\_\_\_\_ 60% \_\_\_\_\_ 50% \_\_\_\_\_  
40% \_\_\_\_\_ 20% \_\_\_\_\_ 0% \_\_\_\_\_

3. Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Date Employed: \_\_\_\_\_  
Salary/wage: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Describe all your job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how much of your work time for this employer involved skills or information you learned at school? Please answer by placing a checkmark next to the percentage which is the best estimate of this amount of time.

100% \_\_\_\_\_ 80% \_\_\_\_\_ 60% \_\_\_\_\_ 50% \_\_\_\_\_  
40% \_\_\_\_\_ 20% \_\_\_\_\_ 0% \_\_\_\_\_

4. Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Date Employed: \_\_\_\_\_  
Salary/wage: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Describe all your job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how much of your work time for this employer involved skills or information you learned at school? Please answer by placing a checkmark next to the percentage which is the best estimate of this amount of time.

100% \_\_\_\_\_ 80% \_\_\_\_\_ 60% \_\_\_\_\_ 50% \_\_\_\_\_  
40% \_\_\_\_\_ 20% \_\_\_\_\_ 0% \_\_\_\_\_

[If you need additional space, please attach additional pages.]

If you owe money to any of the schools, or you are claimed to owe money, and you have been contacted by a collection agency, please indicate the name of the collection agency and provide any contact information you may have for that agency.

\_\_\_\_\_

You must sign and date this form in the spaces provided below. By signing this form, you are also agreeing that Auditor, BDO Seidman, may request job information and data from all the employers listed above.

I hereby acknowledge that any payments made to me or which I am ultimately determined to be eligible are for the sole purpose of resolving disputed claims and are not intended to be, nor do I consider them to be refunds of tuition paid. I do not consider any payment to which I am determined to be entitled to receive to constitute the return, waiver, forgiveness, or reversal of any tuition or other institutional charges.

I declare, under penalty of perjury under the laws of the State of California and the laws of the United States of America, that the foregoing is true and correct.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

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