

Exhibit C

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Your claim must be submitted online or postmarked by: **Month xx, 202x**

CLAIM FORM

Harris et al., v. Lee University, Case No. 1:25-CV-107
United States District Court for the Eastern District of Tennessee

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as a Settlement Class Member whose Private Information may have been compromised in the Data Breach. You may submit a claim for Settlement Class Member Benefits as outlined below.

Please refer to the Long Form Notice posted on the Settlement Website at [www.\[website\].com](http://www.[website].com) for more information.

To receive Credit Monitoring and reimbursement for Documented Losses and a Cash Payment, you must submit the Claim Form below electronically at [www.\[website\].com](http://www.[website].com) by 11:59 pm ET of Month xx, 202x.

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Harris v. Lee University
c/o Kroll Settlement Administration
PO Box XXXX
New York, NY 10150-XXXX

You may submit a claim for Credit Monitoring and Cash Payment A and Cash Payment B.

Credit Monitoring: Settlement Class Members may enroll in one (1) year of one bureau Credit Monitoring which includes [real-time alerts, and insurance coverage for up to \$1,000,000 for medical identity theft]. Credit Monitoring is available to any Settlement Class Member regardless of whether they previously received a credit monitoring product related to the Data Breach or otherwise.

Cash Payment A – Documented Losses: Settlement Class Members may submit a Claim for reimbursement of Documented Losses that are related to the Data Breach, up \$5,000. Claims for reimbursement of Documented Losses must be supported with third-party documentation and the expense or loss must be an actual, documented, and unreimbursed monetary expense or loss related to the Data Breach.

Cash Payment B – Cash Payment: Settlement Class Members may submit a claim for an estimated \$100 *pro rata* Cash Payment.

I. PAYMENT SELECTION

If you would like to elect to receive your payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

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First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Telephone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___

Email Address: _____

III. CASH PAYMENT A - DOCUMENTED LOSSES

Settlement Class Members may submit a Claim for a Cash Payment under this section for up to \$5,000 per Settlement Class Member if you can show Documented Losses that are related to the Data Breach.

Examples of reasonable documentation include telephone records, correspondence including emails, or receipts.

Settlement Class Members will not be reimbursed for expenses if they have been reimbursed for the same expenses by another source in connection with the identity protection and Credit Monitoring Services offered as part of the notification letter provided by Defendant or otherwise. **You must have unreimbursed Documented Losses incurred as a result of the Data Breach and submit documentation to obtain this reimbursement.**

I have attached documentation showing that the Documented Losses listed below were caused by the Data Breach.

Personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Credit Monitoring Service	07/17/25 (mm/dd/yy)	\$50.00	Copy of credit monitoring service bill
	____/____/____ (mm/dd/yy)	\$_____	

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

IV. CASH PAYMENT B – CASH PAYMENT

In addition to Cash Payment A above, you can select Cash Payment B. By checking the box below, I request an estimated \$100 *pro rata* Cash Payment.

Yes, I request a *pro rata* Cash Payment estimated to be \$100.

V. CREDIT MONITORING SERVICES

In addition to the Cash Payments above, you can select Credit Monitoring. By checking the box below, I am requesting one (1) year of one bureau Credit Monitoring. I understand that by checking the box below I may also request Cash Payment A and Cash Payment B.

Yes, I want to receive one (1) year of one bureau Credit Monitoring.

VI. ATTESTATION & SIGNATURE

By signing below, I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection.

Signature

____/____/_____
Date (mm/dd/yyyy)

Print Name

Reminder Checklist

If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the contact section of the Settlement Website at [www.\[website\].com](http://www.[website].com) and provide your updated address information. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.

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For more information, visit [www.\[website\].com](http://www.[website].com) or call the Settlement Administrator at **(xxx) xxx-xxxx**.