

Exhibit F

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

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

**To all persons whose
Private Information may
have been accessed during
a March 2024 Data Breach
that impacted Lee
University, a proposed class
action settlement may
affect your rights.**

For complete information, visit
[www.\[website\].com](http://www.[website].com).

*A federal Court has authorized this Notice.
This is not a solicitation from a lawyer.*

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>

<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

<<Country>>

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

Why am I receiving this Notice? You are receiving this Notice because Lee University's ("Defendant") records show your Private Information may have been compromised during a cybersecurity incident it experienced on or around March 22, 2024, ("the Data Breach.") The following types of information were present in the affected files that were accessed and acquired by the unauthorized actor: full names, Social Security Numbers, driver's license numbers, government-issued ID numbers (e.g., passport, state ID card), financial information (e.g., account number, credit or debit card number), and medical information. Defendant denies any wrongdoing and the Court has not ruled that it did anything wrong.

What are the Settlement Class Member Benefits? Settlement Class Members who submit a Valid Claim may receive the following benefits from a \$1,750,000 Settlement Fund:

- Credit Monitoring Services – one (1) year of one bureau credit monitoring.
- Cash Payment A – Documented Losses – Up to \$5,000 per claimant, subject to a *pro rata* (proportional) adjustment depending on the number of Valid Claims filed.
- Cash Payment B – Cash Payment – an estimated \$100 payment, subject to a *pro rata* (proportional) adjustment depending on the number of Valid Claims filed.

How do I Submit a Claim Form for Settlement Class Member Benefits? You must submit a Claim Form, available [www.\[website\].com](http://www.[website].com) to be eligible to receive a Settlement Class Member Benefit. Your completed Claim Form must be submitted online, or mailed to the Settlement Administrator and postmarked, on or before **Month**, 202X.

What are my other options? If you do nothing, you will be legally bound by the terms of the Settlement, and you will release your claims against Defendant and other Released Parties as defined in the Settlement Agreement. You may opt out of or file an objection to the Settlement by **Month**, 202X.

The Court's Final Approval Hearing. The Court is scheduled to hold a Final Approval Hearing on **Month**, 202X <<time ET>>, to consider whether to approve the attorneys' fees and expenses (up to \$583,333.33), and Service Award payments (of \$2,500 per Plaintiff). You may appear at the Final Approval Hearing, either yourself or through an attorney hired by you, but you do not have to.

This Notice is only a summary. For more information, please visit [www.\[website\].com](http://www.[website].com) to file a Claim Form, object to the Settlement, or to update your address, visit [www.\[website\].com](http://www.[website].com) or call toll free **PageID #: 289 -**

Postage
Pre-paid

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<<Barcode>>

Class Member ID: <<Refnum>>



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

CLAIM FORM

Claims must be postmarked no later than **Month xx, 202x**. You MUST submit a Claim Form online to receive your payment electronically. You MUST submit a Claim Form online or use the full Claim Form on the Settlement Website to make a claim for reimbursement of Cash Payment A – Documented Losses.

Select one or both of the following:

Credit Monitoring: I want to receive (1) one year of one bureau Credit Monitoring Services.

Cash Payment B – Cash Payment: I want an estimated \$100 cash payment.

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: _____ Dated: _____ / _____ / _____