

CLAIM FORM

If you received an audited transcript from the Connecticut Office of Higher Education, you do not need to, and should not, fill out and return this Claim Form.

If you were enrolled as a Practical Nurse student at Stone Academy between November 1, 2021 and February 14, 2023, and as a result of Stone Academy's closure were unable to graduate, and you did not receive an audited transcript from the Connecticut Office of Higher Education, please submit this Claim Form and include a copy of your transcript or explain why you were unable to receive a copy of your transcript in the appropriate section below. If you are submitting this Claim Form on behalf of someone else because the person is deceased or incapacitated, please fill in relevant sections and provide a copy of the relevant document evidencing your legal authority to act on behalf of the individual listed.

This Claim Form must be signed in front a Notary Public, Commissioner of the Superior Court or other competent authority to administer oaths. You may be able to find a Notary Public at your bank, city or town office building, or by contacting Class Counsel at 203-877-8000. By signing this Claim Form you are doing so under penalty of perjury and you subject yourself to the jurisdiction of the Connecticut Superior Court, the Complex Litigation Docket of Waterbury, relating to any misrepresentations made herein.

AFFIDAVIT IN SUPPORT OF CLAIM FORM

I, the undersigned, of lawful age and sound mind, being duly sworn, hereby swear, affirm and attest, under oath and penalty of perjury, as follows:

1. My legal name is _____;
2. My mailing address is _____;
3. [If you are submitting this Claim Form on behalf of someone other than yourself, please complete this Section. If you are submitting this Claim Form on your own behalf, please skip to No. 4]

I am submitting this Claim Form on behalf of _____
[insert name of individual or estate on whose behalf this Claim Form is being submitted],
and I am legally authorized to act on behalf of the aforementioned individual or their estate.
Attached is a copy of a legal document evidencing my legal authority to act on behalf of
the aforementioned individual or their estate [attach copy of such document to this Claim
Form];

4. I [or the aforementioned individual] enrolled in a day or night Practical Nursing program offered by Stone Academy between November 1, 2021 and February 14, 2023;
5. I [or the aforementioned individual] was unable to graduate as a result of Stone Academy's closure;

6. I [or the aforementioned individual] never received an audited transcript from the Connecticut Office of Higher Education;
7. Attached is a copy of my Stone Academy transcript that evidences my [their] enrollment and credits completed at Stone Academy [if attaching a Stone Academy Transcript, skip No. 8]. I agree and consent to the Settlement Administrator for this Class Action Settlement receiving, reviewing and retaining a copy of this transcript for the purpose of administering this Class Action Settlement;
8. [If you were unable to retrieve the aforementioned transcript, please complete this Section]

I was unable to obtain a copy of my Stone Academy transcript but I made reasonable efforts to obtain the results:

[Provide brief explanation of efforts made to obtain transcript and reason why you were not able to obtain a copy of the transcript]: _____

9. Under penalty of perjury, I hereby declare and affirm that the above-mentioned information is, to the best of my knowledge and ability, true and accurate.

Affiant's Signature: _____

Name: _____

Date: _____

State of _____

County of _____

On _____, 2025, before me, _____, personally appeared _____, who makes this statement and Affidavit upon oath and affirmation of belief and personal knowledge that the foregoing matters, facts and things set forth are true and correct to the best of his/her knowledge:

SWORN to and subscribed before me, this ___ day of _____, 2025.

 NOTARY PUBLIC /
 COMMISSIONER OF THE
 SUPERIOR COURT

My Commission Expires: _____