

**Your claim must be
submitted online or
postmarked by:
January 21, 2027**

In re Columbia University Data Breach Litigation
Case No. 1:25-CV-05541-PKC (S.D.N.Y.)

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CLAIM FORM

I. GENERAL INFORMATION

This claim form should be filled out if you are an individual residing in the United States whose Private Information was potentially compromised as a result of the May 2025 Cyberattack on Columbia University.

Unless you opt out of the Settlement, you are a Settlement Class Member. As a Settlement Class Member, you are eligible to receive – at no cost to you – two years of free three-bureau credit monitoring, dark web monitoring, identity theft insurance coverage, and fully managed identity recovery services.

You are also eligible to claim (1) reimbursement for Documented Monetary Losses (up to \$8,500) **or** (2) an Alternative Cash Payment instead of reimbursement for Documented Monetary Losses. The Settlement Notice at www.ColumbiaUniversityDataSettlement.com describes your legal rights and options.

If you wish to submit a claim to receive these benefits, you need to provide the information requested below.

SUBMIT YOUR CLAIM FORM BY JANUARY 21, 2027

Online: www.ColumbiaUniversityDataSettlement.com

Mail: Columbia University Data Settlement Administrator,
1650 Arch Street
Suite 2210
Philadelphia, PA 19103

II. CLASS MEMBER NAME AND CONTACT INFORMATION

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

Notice ID Number: _____
(provided on the Notice you received by email or mail)

First Name		Last Name	
Street Address			
City	State	Zip Code	
Email Address		Telephone Number	

Questions? Go to www.ColumbiaUniversityDataSettlement.com or call 1-833-617-4373

III. ALTERNATIVE CASH PAYMENT

☐ Check this box if you are submitting a claim for an Alternative Cash Payment. **Instead of** making a claim for reimbursement of Documented Monetary Losses, as described in Section IV below, you may elect to receive a cash payment. The amount of the cash payment depends upon the total amount of valid Documented Monetary Loss Claims and claims for Alternative Cash Payments submitted. **Do not check this box if you are making a claim for Documented Monetary Losses with documentation described below in Section IV.**

IV. DOCUMENTED MONETARY LOSSES REIMBURSEMENT

☐ Check this box if you are submitting a claim for Reimbursement for Documented Monetary Losses, which are: (1) unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other misuse of your Private Information; (2) other miscellaneous expenses incurred related to any Documented Monetary Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (3) credit monitoring or other mitigative costs that were incurred on or after May 16, 2025 through the date of your claim submission. **Do not check this box if you are submitting a claim for the Alternative Cash Payment described above in Section III.**

Allowable Documented Monetary Losses are detailed in the Settlement Agreement, available at www.ColumbiaUniversityDataSettlement.com. To receive up to **\$8,500** in reimbursement of Documented Monetary Losses caused by, or expenses incurred as a result of, the Cyberattack, please provide the following information:

Amount Requested: \$ _____.

Please briefly describe the out-of-pocket expenses and how they relate to the Cyberattack:

<i>Description of Expense</i>	<i>Amount</i>
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>

Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the last four digits of any account number). Documentary proof **MUST** be submitted to support your exact claim amount. “Self-prepared” documents are, by themselves, insufficient.

V. CREDIT MONITORING AND IDENTITY THEFT PROTECTION SERVICES

In addition to selecting reimbursement for Out-of-Pocket Losses or Alternative Cash Payment, you may elect to receive two (2) years of free three-bureau credit monitoring, dark web monitoring, identity theft insurance coverage for up to \$1,000,000, and fully managed identity recovery services.

- ☐ I wish to receive two (2) years of free three-bureau credit monitoring and the above-mentioned Identity Theft Protection Services.

(Please include your email address and mailing address on the first page.)

VI. PAYMENT SELECTION

Please select from **one** of the following payment options:

- ☐ **PayPal** - Enter your PayPal email address: _____

- ☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____

- ☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____ - ____ - ____ or Email Address: _____

- ☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

VII. SIGNATURE

Signature

Printed Name

Date