

OPT-OUT FORM

S.E., et al v. Delaware Department of Education
United States District Court for the District of
Delaware

Case No. 1:12-cv-00429-RGA

**This is NOT a Claim Form. It EXCLUDES you from this Class Action.
DO NOT use this Form if you wish to remain IN this Class Action.**

Name of Class Member (Student): _____

Address: _____
Street City State Postal Code

Telephone: _____
Area Code/Phone No. (Ext. if applicable)

*I understand that by opting out of this **Class Action**, I will **not** be eligible to receive any compensatory education funds provided pursuant to the Settlement Agreement of this lawsuit. I further understand that by opting out, I retain whatever right that I might have to assert my own claim against the defendant named in the lawsuit relating to the subject matter of the complaint that has been filed in the lawsuit.*

If you wish to opt out of this Class Action, please check the box below.

By checking this box, I affirm that I wish to be excluded from this Class Action.

Date Signed

Signature of Student, Student's Legal Guardian, or Student's Agent Acting Pursuant to a Valid Power of Attorney

This form must be postmarked or emailed to Plaintiffs' and Defendant's counsel NO LATER THAN March 1, 2024 at the addresses below, or else you will lose your right to opt out.

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