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Class Action University Fee Intake Form

First Name:		Last Name:	
Phone:		Email:	
Address:			
City:		State:	Zip:
School:			
Did you attend the Spring 2020 semester:	Y N		
Did you pay campus Fees:	Y N	Amount of Fees:	\$
Did you live in Campus Housing:	Y N	Amount of Housing:	\$
Did you pay for a meal/food plan:	Y N	Amount of Food/Meal Plan:	\$
Have you been provided a refund:	Y N		
If yes, please state the amount of refund and the purpose of the refund:			
1. Refund for Room & Board:	Y	N	
Amount of refund:	\$		
2. Refund for Meal & Food Services:	Y	N	
Amount of refund:	\$		
3. Refund for Campus Fees:	Y	N	
Amount of refund:	\$		
What date did you leave campus?			

Have you contacted your school about a refund?	Y N	If so, on what date:	
When did online classes begin?			
Are you interested in learning about becoming a named Plaintiff?	Y N		

Please save and email this form to: J.HASTY@LSH-LAW-FIRM.COM