

Hubbard v. NCAA Settlement Administrator
P.O. Box 301134
Los Angeles, CA 90030-1134

NCCO



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Hubbard, et al. v. NCAA, et al.

U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Case No. 4:23-CV-01593-CW (N.D. Cal.)

**Must Be Postmarked
By January 31, 2025**

Academic Achievement (Alston) Award Claim Form

1) Contact Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code
<input type="text"/>		
Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code	Mobile Number	

2) School & Athletic Information

<input type="text"/>
College/University
<input type="text"/>
Sport
<input type="text"/>
Athletic Scholarship Status (e.g., full, partial, other)

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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3) **Eligibility**

1. Did you already receive an Academic Achievement (Alston) Award payment in the academic year 2021-2022?

- Yes
- No

2. Does the school(s) you attended between 2019-2022 offer Academic Achievement (Alston) Awards?

- Yes
- No

3. Please fill in the circles for each academic year that you can confirm you met your school's eligibility criteria for Academic Achievement (Alston) Awards:

- 2019-2020
- 2020-2021
- 2021-2022

We will first use this information to try to match your information with the data we were provided. If we cannot, we may conduct an independent audit of it. We may contact you by email, letter, or phone to ask for more information. Please keep your contact information up-to-date. If you have any information you think would be beneficial to your claim, enclose a copy of those documents.

4) **Certification & Signature**

I declare under penalty of perjury under the laws of the United States of America that the information above is true and correct to the best of my knowledge and that I am authorized to submit this claim. I understand that my claim is subject to audit, review, and validation using all available information.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Mail your Claim Form with copies of any supporting documents (if you wish to submit them), **postmarked on or before January 31, 2025** to: *Hubbard v. NCAA* Settlement Administrator, P.O. Box 301134, Los Angeles, CA 90030-1134.