

SECONDARY CLASS COMPENSATION REQUEST FORM
Niagara College Class Action

To apply for Secondary Class compensation you must complete and submit this form along with the required supporting documentation listed to the address below by **April 6, 2020**. Prior to completing this Form, please ensure you have carefully read the Notice of Settlement.

PERSONAL INFORMATION

1. Name:_____
2. Date of birth:_____
3. Current address:_____
4. Email address:_____
5. Contact phone number:_____
6. Approximate graduation date from Niagara College:_____

REQUIRED DOCUMENTS

1. Proof of Graduation from Niagara College GAS Program - official document(s) confirming your name and date of graduation from the General Arts and Sciences Program.
2. Post-Graduation Work Permit Refusal/Denial Letter - official document(s) confirming that your application for a 3-year PGWP was denied/refused by Citizenship and Immigration Canada or Immigration, Refugees and Citizenship Canada due to distance learning.

Please submit your completed Secondary Class Compensation Request Form and supporting documents by email to Lucy Jackson at ljackson@thomsonrogers.com

If you are unable to provide the required documents set out in 2 above, please sign and return the **Secondary Class Authorization Form** below along with your completed Secondary Class Compensation Request Form.

Questions for counsel from Class Members should be directed by email, fax or telephone to:

Lucy Jackson
Thomson, Rogers
390 Bay Street, Suite 3100
Toronto, Ontario, M5H 1W2
Toll free: 1-888-223-0448, Fax: 416-868-3134
ljackson@thomsonrogers.com

**Secondary Class Authorization Form
(Niagara College Class Action)**

Only send and return this form along with your completed Secondary Class Compensation Request Form if you are unable to provide the requested documentation from CIC or IRCC regarding your Post-Graduation Work Permit, you may authorize us to request that information on your behalf by filling in your full name and signing the authorization below:

I hereby authorize and direct the Attorney General of Canada (Immigration, Refugees, Citizenship Canada) to make available to Class Counsel, Thomson Rogers, Suite 3100, 390 Bay Street, Toronto, Ontario, M5H 1W2, confirmation and/or information that I was denied a 3-year Post-Graduation Work Permit due to distance learning.

SIGNATURE

(Please Print Full Name)

DATE

Additional Information Required:

Date of Birth:_____

Sex (please circle one): Male or Female

UCI Number:_____

Work Permit Application Number:_____