

**Must be Postmarked
No Later Than
May 5, 2011**

**Huron Consulting Group, Inc. Securities Litigation
c/o The Garden City Group, Inc.
PO Box 9687
Dublin, OH 43017-4987
1 (888) 584-7632**

HUR



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

THIS PROOF OF CLAIM AND RELEASE MUST BE POSTMARKED NO LATER THAN MAY 5, 2011.

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PART I - GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Hughes v. Huron Consulting Group Inc., et al.*, Case No. 09-cv-4734 (the "Action"), you must complete and, on page 9 below, sign this Proof of Claim and Release form ("Claim Form"). If you fail to file a timely, properly completed and addressed (as set forth in paragraph 5 below) Claim Form, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action.

2. It is important that you completely read and understand the Notice of (I) Pendency and Proposed Settlement of Class Action; (II) Settlement Fairness Hearing; and (III) Motion for Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice") that accompanies this Claim Form and the Plan of Allocation of Net Settlement Fund included therein (the "Plan of Allocation"). The Notice and Plan of Allocation describe the proposed Settlement that will resolve this Action, how the Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed, if the Settlement and the Plan of Allocation are approved by the Court. The Notice and this Claim Form contain the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

3. You are a Class Member if you purchased or otherwise acquired the common stock of Huron Consulting Group Inc. ("Huron") between April 27, 2006 and July 31, 2009, inclusive (the "Class Period") and were damaged thereby. Excluded from the Class are the Defendants; the officers and directors of Huron during the Class Period; members of the immediate families and the legal representatives, heirs, successors or assigns of the individual defendants and the excluded Huron officers and directors, any entity in which any Defendant has or had a controlling interest, and The Holdren Family Trust. Also excluded from the Class are those persons and entities that timely and validly request exclusion from the Class in accordance with the requirements set forth in the Notice.

**PART I - GENERAL INSTRUCTIONS (CONTINUED)**

4. **Submission of this Claim Form does not assure that you will share in the proceeds of the Settlement in the Action, even if you are a Class Member.** Distributions from the Net Settlement Fund will be governed by the plan of allocation approved by the Court.

5. YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED NO LATER THAN MAY 5, 2011, ADDRESSED AS FOLLOWS:

Huron Consulting Group, Inc. Securities Litigation
c/o The Garden City Group, Inc.
PO Box 9687
Dublin, OH 43017-4987

IF YOU ARE NOT A CLASS MEMBER, YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT. IF YOU WOULD BE A CLASS MEMBER BUT FOR YOUR REQUEST TO BE EXCLUDED FROM THE CLASS, YOU MAY NOT DIRECTLY OR INDIRECTLY PARTICIPATE IN THE SETTLEMENT.

6. All Class Members will be bound by the terms of any judgment entered in the Action WHETHER OR NOT A CLAIM FORM IS SUBMITTED, unless a valid request for exclusion from the Class is received by April 22, 2011. The judgment will release and enjoin the filing or continued prosecution of Released Claims against the Released Persons, as those terms are defined in the Notice.

SECURITIES TRANSFER INFORMATION:

7. The proceeds of the proposed Settlement, if approved, will include shares of Huron common stock (the "Settlement Shares"). If you are a member of the Class, in order to receive the Settlement Shares for which you may be eligible, if any, you must provide information sufficient to post the shares to an account on the Direct Registration System maintained by Depository Trust Company. Failure to provide the information requested may lead to forfeiture of the Settlement Shares to which you might otherwise be eligible.

IDENTIFICATION OF CLAIMANT:

8. Use Part II of this Claim Form entitled "CLAIMANT IDENTIFICATION" to identify the beneficial owner(s) of Huron common stock. If you purchased or acquired Huron common stock during the Class Period and held the securities in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or acquired Huron common stock during the Class Period and the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the record owner. All joint beneficial owners must each sign this Claim Form.

9. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Huron common stock listed in the Claim Form; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade stock in another person's accounts.)

Failure to provide the foregoing information could delay verification of the claim or result in rejection of the claim.

IDENTIFICATION OF TRANSACTION(S):

10. Use Part III of this Claim Form entitled "SCHEDULE OF TRANSACTIONS IN HURON COMMON STOCK" to supply all required details of your transaction(s) in Huron common stock. Please provide all of the requested information with respect to **all** of your purchases, other acquisitions, and sales of Huron common stock requested below, whether such



PART I - GENERAL INSTRUCTIONS (CONTINUED)

transactions resulted in a profit or a loss. If you need more space, follow the instructions set forth in that section. **Failure to report all transactions during the requested periods may result in the rejection of your claim.**

11. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

12. You are required to submit genuine and sufficient documentation for all your transactions in and holdings of Huron common stock as set forth in Part III of this Claim Form. Documentation may consist of copies of brokerage confirmations or monthly statements. The Parties and the Claims Administrator do not independently have information about your investments in Huron common stock. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator.**

13. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

14. The requested information is designed to provide the minimum amount of information necessary to process the claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your claim. In cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the hiring of an accounting expert at the Claimant's cost.

15. By submitting a signed Claim Form, you will be swearing that you:

- (a) own(ed) the Huron common stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

16. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

17. **NOTICE REGARDING ELECTRONIC FILES:** Certain Claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the Claims Administrator's website at www.gcginc.com or you may email the Claims Administrator at eClaim@gcginc.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the Claims Administrator's electronic filing department at eClaim@gcginc.com to inquire about your file and confirm it was received and acceptable.

18. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, The Garden City Group, Inc., at the above address or by toll-free phone at **1 (888) 584-7632**, or you may download the documents from www.huronsecuritieslitigation.com.



PART II - CLAIMANT IDENTIFICATION

Please read this PART II carefully. Please complete this PART II in its entirety. Failure to do so will result in your ineligibility to receive the Settlement Shares portion of the Settlement Fund that you otherwise may be entitled to.

Name of Beneficial Owner (Name must be written exactly as it appears in the beneficial owner's securities account. Use of initials only (e.g., use of J.G. Doe for account name John George Doe) is not acceptable.) This Claim Form should include all transactions made by the beneficial owner, no matter how many separate accounts that beneficial owner has. You must also complete pages 5-6, Part II: Claimant Identification (Continued).

Name of Beneficial Owner's Representative (If applicable) (If the beneficial owner is a company/other entity, this should be the name of the contact person for the company/other entity to whom communications regarding this Claim Form should be addressed. If the claim is being filed by an authorized representative on behalf of a beneficial owner (e.g., a nominee, trustee, executor or guardian), this should be the name of the authorized representative to whom communications regarding this Claim Form should be addressed.)

Account Number (Not necessary to be completed)

Address (If the claim is being filed by a representative on behalf of a beneficial owner, use the address of the representative to whom communications regarding this Claim Form should be addressed.)

City	State	Zip Code
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Foreign Province	Foreign Country	Foreign Zip Code
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Social Security Number or Employer Identification Number of Beneficial Owner

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Area Code	Telephone Number (Daytime)	Fax Number
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Area Code	Telephone Number (Evening)	Fax Number
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Email Address

Please check the appropriate box that describes the beneficial owner's account. (You must check one and must complete the corresponding Section of the next page):

- | | |
|--|--|
| <input type="checkbox"/> A. Individual / Sole Proprietor.
<input type="checkbox"/> B. Joint Ownership.
<input type="checkbox"/> C. Retirement accounts.
<input type="checkbox"/> D. Private or public entity. | <input type="checkbox"/> E. Custodianships.
<input type="checkbox"/> F. Under Trust agreements.
<input type="checkbox"/> G. Estate.
<input type="checkbox"/> H. Other. Please explain _____ |
|--|--|



PART II - CLAIMANT IDENTIFICATION (CONTINUED)

Please complete the appropriate Section below that describes the beneficial owner(s)' account(s) included in this Claim Form. You may only complete one Section below. In the appropriate Section, please print the full name of the beneficial owner(s) exactly as it appears in the securities account. Failure to complete the appropriate Section below in its entirety will result in your ineligibility to receive the Settlement Shares portion of the Settlement Fund that you otherwise may be entitled to.

Section A. Individual / Sole Proprietor. Please indicate whether an individual or sole proprietor.

- Individual
 Sole Proprietor

Name:

Section B. Joint Ownership. Please indicate the type of tenancy.

- Joint Tenants - Jt Ten
 (includes right of survivorship – JTWROS)
 Tenants in Common - Ten Com
 Tenants by Entireties - Ten Ent

Name(s):

Section C. Retirement Accounts. Please indicate the type of retirement account.

- IRA
 Roth IRA
 Keogh
 (Defined Benefit Plan or Defined Contribution Plan)
 Other (please describe) _____

Custodian:

Beneficiary:

Section D. Private or Public Entity. Please indicate the entity type.

- Corporation
 Pension Fund
 Partnership
 Limited Liability Company
 Non-Profit Organization
 Foundation
 Other (please describe) _____

Name:

Section E. Custodianships. Please indicate the type of custodianship.

- UGMA
 UTMA

Custodian:

State:

Minor:

Section F. Under Trust Agreements. Please indicate the name(s) of the Trustee(s), the name of the Trust, the name(s) of the beneficiary(ies) of the Trust, and the date of the Trust Agreement in the space provided below.

Name(s) of Trustee(s):

Name of Trust:

Name(s) of the Beneficiary(ies)

Date of Trust Agreement:

 / /



PART II - CLAIMANT IDENTIFICATION (CONTINUED)

Please complete the appropriate Section below that describes the beneficial owner(s)' account(s) included in this Claim Form. You may only complete one Section below. In the appropriate Section, please print the full name of the beneficial owner(s) exactly as it appears in the securities account. Failure to complete the appropriate Section below in its entirety will result in your ineligibility to receive the Settlement Shares portion of the Settlement Fund that you otherwise may be entitled to.

Section G. Estate. Please indicate the fiduciary capacity and the name of the person or entity authorized to hold such capacity as follows (e.g., include the name of the deceased and the executor).

- Executor (EX)
- Personal Representative (Per Rep)
- Administrator (Adm)
- Conservator (Cons)
- Other. Please explain _____

Fiduciary Name(s):

Estate of:

Section H. Other. If the beneficial owner's account type is not covered by any of the above Sections, please explain the account type here:


PART III - SCHEDULE OF TRANSACTIONS IN HURON COMMON STOCK

A. BEGINNING HOLDINGS: Number of shares of Huron common stock held as of the close of trading on **April 26, 2006**. (Must be documented. If none, write "0" or "zero");

B. PURCHASES/ACQUISITIONS: Purchases or other acquisitions of Huron common stock on or after **April 27, 2006** through and including the close of trading on **July 31, 2009** (Must be documented):

Trade Date(s) (List Chronologically) Month/Day/Year	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/Acquisition Price (Excluding taxes, fees and commissions)
/ /			\$.
/ /			\$.
/ /			\$.
/ /			\$.

C. PURCHASES/ACQUISITIONS: Number of shares of Huron common stock purchased or acquired from **August 1, 2009** through and including the close of trading on **October 30, 2009**. (Must be documented. If none, write "0" or "zero");

D. SALES: Sales of Huron common stock on or after **April 27, 2006** through and including the close of trading on **October 30, 2009** (Must be documented):

Trade Date(s) (List Chronologically) Month/Day/Year	Number of Shares Sold	Sale Price Per Share	Total Sale Price (Excluding taxes, fees and commissions)
/ /			\$.
/ /			\$.
/ /			\$.
/ /			\$.

E. UNSOLD HOLDINGS: Number of shares of Huron common stock held at the close of trading on **October 30, 2009**. (Must be documented. If none, write "0" or "zero");

If you require additional space, please check the box and attach extra schedules in the same format as above. Sign and print your name and include your Social Security or employer identification number and full account name on each additional page.





PART IV - RELEASE OF CLAIMS, CERTIFICATION AND SIGNATURE

**YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW
AND SIGN ON PAGE 9 OF THIS CLAIM FORM.**

RELEASE

A. I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever release, waive, discharge and dismiss each and every Released Claim as against the Released Persons, as those terms are defined in the accompanying Notice.

B. I (we) hereby acknowledge that as of the Effective Date, I (we) shall (a) have and be deemed to have fully, finally and forever released, waived, discharged and dismissed each and every Released Claim as against any of the Released Persons; and (b) forever be enjoined from prosecuting any or all of the Released Claims against any of the Released Persons.

CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represents the Claimant(s) certifies as follows:

1. that I (we) have read and understand the contents of the Notice, the Plan of Allocation, and the Claim Form, including the releases provided for in the Settlement;
2. that the Claimant(s) is a (are) Class Member(s), and is (are) not excluded from the Class;
3. that the Claimant **has not** submitted a request for exclusion from the Class;
4. that I (we) own(ed) the Huron common stock identified in the Claim Form and have not assigned the claim against the Released Persons to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that the Claimant has not submitted any other claim covering the same purchases, sales, or holdings of Huron common stock and knows of no other person having done so on his/her/its behalf;
6. that the Claimant submits to the jurisdiction of the United States District Court for the Northern District of Illinois (the "Court") with respect to his/her/its claim and for purposes of enforcing the releases set forth herein;
7. that I (we) agree to furnish such additional information with respect to this Claim Form as the Parties, the Claims Administrator or the Court may require;
8. that the Claimant waives the right to trial by jury, to the extent it exists, and agrees to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;
9. that I (we) acknowledge that the Claimant will be bound by and subject to the terms of any judgment that may be entered in the Action; and
10. that the claimant is NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the Claimant is exempt from backup withholding or (b) the Claimant has not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant that he/she/it is no longer subject to backup withholding. **If the IRS has notified the claimant that it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.**



PART IV - RELEASE OF CLAIMS, CERTIFICATION AND SIGNATURE (CONTINUED)

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant

Date

Print your name here

Signature of Joint Claimant, if any

Date

Print your name here

If the beneficial owner is other than an individual, or this claim is being filed by an authorized representative on behalf of the beneficial owner of the Huron common stock listed in this Claim Form, the following must be provided:

Signature of person signing on behalf of beneficial owner

Date

Print your name here

Capacity of person signing on behalf of beneficial owner, e.g., executor, president, custodian, etc.



REMINDER CHECKLIST

1. Please sign the Certification Section of the Claim Form.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. For an overview of what constitutes adequate supporting documentation please visit www.gcginc.com.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Claim Form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1 (888) 584-7632.
7. If you move, please send us your new address to the Claims Administrator at:

**Huron Consulting Group, Inc. Securities Litigation
c/o The Garden City Group, Inc.
PO Box 9687
Dublin, OH 43017-4987**

8. **Do not use highlighter on the Claim Form or supporting documentation.**

**THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN MAY 5, 2011
AND MUST BE MAILED TO:**

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