

Solis v Highline School District No. 401  
c/o CPT Group, Inc.  
PO Box 19504  
Irvine, CA 92623

**Your Claim Form Must Be Submitted  
On or Before April 20, 2026**

***Y.G.R., V.G.R., minors by and through their parent and guardian ANA  
G. ROBLES SOLIS, individually and on behalf of all others similarly  
situated v. Highline School District NO. 401***

In the Superior Court of the State of Washington, County of King  
(Case No. 25-2-11395-7 SEA)

**Claim Form**

This claim form should be filled out online or submitted by mail if you were notified of the September 2024 Data Incident (the “Data Security Incident”) experienced by Highline School District No. 401 (“Highline”). Benefits may include: (i) up to \$5,000 in reimbursement for documented out-of-pocket losses; and (ii) if, after paying all other expenses and benefits, there remains any funds in the Settlement Fund, those funds will be distributed on a *pro rata* basis to all those who timely filled out and submitted this claim form and requested that benefit, if the settlement is approved, and if they are found to be eligible for a payment or other benefit.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, [www.hsddataincident.com](http://www.hsddataincident.com) or call 1-888-468-0613 for more information.

If you wish to submit a claim for a settlement payment, please provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by April 20, 2026.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [WWW.HSDDATAINCIDENT.COM](http://WWW.HSDDATAINCIDENT.COM).

**1. CLASS MEMBER INFORMATION.**

<input type="text"/>																								<input type="text"/>
First Name*																								Middle Initial
<input type="text"/>																								<input type="text"/>
Last Name*																								Suffix
<input type="text"/>																								
Primary Address*																								
<input type="text"/>																								
Apt/Floor/Suite																								
<input type="text"/>																		<input type="text"/>	<input type="text"/>					
City*																		State*	Zip Code*					
<input type="text"/>																								
Current Email Address*																								
<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>												
Current Phone Number												CPT ID*												

Your CPT ID is printed on the notice you received in the mail. If you no longer have your notice, contact the Claims Administrator at 1-888-468-0613.

## **2. PAYMENT ELIGIBILITY INFORMATION.**

Please review the notice and paragraph 2.2.1 of the Settlement Agreement for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement payment or other benefits.

### **PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

To make a claim for out-of-pocket losses that you incurred as a result of the Data Security Incident, please check the box indicating that you would like to make a claim. Please be sure to fill in the total amount that you are claiming and to attach third-party documentation of the charges as described in bold type. If you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish.

If, after the settlement is approved and after paying all other expenses and benefits, there remains any funds in the Settlement Fund, those funds will be distributed on a *pro rata* basis to all those who timely submitted this claim form and indicated that they would like to receive a *pro rata* cash payment. You may make a claim for either or both documented out-of-pocket losses and the *pro rata* cash payment.

- ☐ **I wish to make a claim for out-of-pocket losses incurred as a result of the Data Security Incident. I understand I must provide a description of the charges to be reimbursed and that I can make a claim for either or both reimbursement for third-party documented out-of-pocket losses and/or the *pro rata* cash payment.**

**You must provide supporting documentation.** **Examples** - unreimbursed losses relating to fraud or identity theft, bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (if charged based on the amount of data used), postage, or gasoline/electricity for travel; fees for credit reports, credit monitoring, or other identity theft insurance, purchased between September 7, 2024, and April 20, 2026.

**Total amount for this category:**

\$

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Expense Types	Approximate Amount of Expense and Date	Description of Expense or Money Paid and Supporting Documents (Identify what you are attaching, and why it is related to the Data Security Incident)
	\$ Date:	
	\$ Date:	
	\$ Date:	

*If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred.*

You may mark out any transactions that are not relevant to your claim before sending the documentation.

- ☐ **I wish to make a claim for the *pro rata* cash payment. I understand that I can make a claim for either or both reimbursement for documented out-of-pocket losses and/or the *pro rata* cash payment.**

### **3. SIGN AND DATE YOUR CLAIM FORM.**

I declare under the laws of the United States and the laws of my State of residence that the information supplied in this claim form is true and correct to the best of my knowledge and recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Claims Administrator to provide supplemental information before my claim will be considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

### **4. REMINDER CHECKLIST**

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please email us at [hsddataincident@cptgroup.com](mailto:hsddataincident@cptgroup.com) to update your address and make sure to include your CPT ID and your phone number in case we need to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please email us at [hsddataincident@cptgroup.com](mailto:hsddataincident@cptgroup.com) to provide these documents.
4. For more information, please visit the settlement administration website at [www.hsddataincident.com](http://www.hsddataincident.com) or call the Settlement Administrator at 1-888-468-0613. Please do not call the Court or the Clerk of the Court.