

Release Card Settlement Claim Form

Submit your claim by mailing this completed form to: Release Card Settlement, 3101 Western Ave., Suite 350, Seattle, WA 98121. You may also email this completed form to releasecard@sylaw.com. **All claims must be received by December 4, 2023.**

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Date of Birth _____

Social Security Number _____

If you received a release card under a different name than you are using now, please provide that name below:

Identify the facilities where you received a Release Card with the state and name of each facility and the dates you were released from the facility:

I certify, under penalty of perjury, that the information provided in this claim form is true and correct.

(Signature)

If you have questions, contact us at releasecard@sylaw.com. Instead of completing this form, you may make a claim electronically at www.releasecardsettlement.com