

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  
NEW YORK STATE SECURITY BREACH REPORTING FORM  
Pursuant to the Information Security Breach and Notification Act  
(General Business Law Section 899-aa; State Technology Law Section 208)**

**Name and address of Entity that owns or licenses the computerized data that was subject to the breach:**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ Title: \_\_\_\_\_ Dated: \_\_\_\_\_  
Firm Name (if other than entity): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Entity whose information was compromised: \_\_\_\_\_

**Type of Organization** (please select one):  Governmental Entity in New York State;  Other Governmental Entity;  
 Educational;  Health Care;  Financial Services;  Other Commercial;  Not-for-profit

**Number of Persons Affected:**

Total (Including NYS residents): \_\_\_\_\_ NYS Residents: \_\_\_\_\_  
If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified?  Yes;  No.

**Dates:** Breach Occurred: \_\_\_\_\_ Breach Discovered: \_\_\_\_\_ Consumer Notification: \_\_\_\_\_

**Description of Breach** (please select all that apply):

- Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape);  
 Internal system breach;  Insider wrongdoing;  External system breach (e.g., hacking);  Inadvertent disclosure;  
 Other (specify): \_\_\_\_\_

**Information Acquired:** Name or other personal identifier in combination with (please select all that apply):

- Social Security Number  
 Driver's license number or non-driver identification card number  
 Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account

**Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:**

Written;  Electronic;  Telephone;  Substitute notice.  
List dates of any previous (within 12 months) breach notifications: \_\_\_\_\_

**Identify Theft Protection Service Offered:**  Yes;  No.

Duration: \_\_\_\_\_ Provider: \_\_\_\_\_  
Brief Description of Service: \_\_\_\_\_

(Continued)

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  
NEW YORK STATE SECURITY BREACH REPORTING FORM (Cont'd.)  
Pursuant to the Information Security Breach and Notification Act  
(General Business Law Section 899-aa; State Technology Law Section 208)**

Please complete and submit this form to each of the three state agencies listed below:

**Fax or E-mail** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds and Protection Bureau  
120 Broadway - 3rd Floor  
New York, NY 10271  
Fax: 212-416-6003  
E-mail: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Office of Cyber Security**  
SECURITY BREACH NOTIFICATION  
1220 Washington Avenue  
State Office Campus  
Building 7A, 4th Floor  
Albany, NY 12242  
Fax: 518-322-4976  
E-mail: [OCS.Info@dhSES.ny.gov](mailto:OCS.Info@dhSES.ny.gov)

**New York State Department of State Division of Consumer Protection**  
Attention: Director of the Division of Consumer Protection  
SECURITY BREACH NOTIFICATION  
99 Washington Avenue, Suite 650  
Albany, New York 12231  
Fax: (518) 473-9055  
E-mail: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)

To access the most recent online version of the NYS Security Breach Reporting Form:  
<http://www.dhSES.ny.gov/ocs/breach-notification/documents/nys-security-breach-reporting-form-11-29-11.pdf>

NYS Security Breach Reporting Form used with permission from the New York State Office of Cyber Security.