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)
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

**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

**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

To access the most recent online version of the NYS Security Breach Reporting Form:

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