

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
NEW YORK STATE SECURITY BREACH REPORTING FORM
In accordance with the Information Security Breach and Notification Act
(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:

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: _____

Identity 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.)
In accordance with the Information Security Breach and Notification Act
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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 Information Technology Services
Enterprise Information Security Office
SECURITY BREACH NOTIFICATION
1220 Washington Avenue
State Office Campus
Building 5, 1st Floor
Albany, NY 12226
E-mail: eiso@its.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