

# Regulation

SUPPORT OPERATIONS

5304.1

**NEW YORK STATE SECURITY BREACH REPORTING FORM**  
**Pursuant to the Information Security Breach and Notification Act**  
**(State Technology Law §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: \_\_\_\_\_

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**PLEASE COMPLETE AND SUBMIT THIS FORM TO**  
**EACH OF THE THREE STATE AGENCIES LISTED BELOW:**

**Fax or Email** this form to:

**New York State Attorney General's Office**  
SECURITY BREACH NOTIFICATION  
Consumer Frauds & Protection Bureau  
120 Broadway, 3<sup>rd</sup> Floor  
New York, NY 10271  
Fax: 212-416-6003  
Email: [breach.security@ag.ny.gov](mailto: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 12242  
Email: [eiso@its.ny.gov](mailto: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, NY 12231  
Fax: 518-473-9055  
Email: [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://its.ny.gov/eiso/breach-notification>

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Bainbridge-Guilford Central School District  
Approved by the Superintendent: 01/11/18, 06/04/20