NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act
(General Business Law §899-aa)

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; or [ ] 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: __________________________________________
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 - 3rd Floor
New York, NY 10271
Fax: 212-416-6003
Email: breach.security@ag.ny.gov

**New York State Division of State Police**
SECURITY BREACH NOTIFICATION
New York State Intelligence Center
31 Tech Valley Drive, Second Floor
East Greenbush, NY 12061
Fax: 518-786-9398
Email: risk@nysic.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
Email: security_breach_notification@dos.ny.gov