# NEW YORK STATE SECURITY BREACH REPORTING FORM

Pursuant to the Information Security Breach and Notification Act
(State Technology Law §208)

<table>
<thead>
<tr>
<th>Name and address of Entity that owns or licenses the computerized data that was subject to the breach:</th>
</tr>
</thead>
</table>
| Street Address:  
City:  
State:  
Zip Code:  |

| Submitted by:  
Title:  
Dated:  |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Name (if other than entity):</td>
</tr>
</tbody>
</table>
| 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:  

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 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
Email: 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