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: _____

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
BUREAU OF INTERNET & TECHNOLOGY
28 Liberty Street
New York, NY 10005
Tel: (212)416-8433 | Fax (212)416-8369

New York State Office of Information Technology Services
Chief Information Security Office
SECURITY BREACH NOTIFICATION
31 British American Blvd.
Latham, NY 12110
Email: ciso@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