

NYS EDUCATION DEPARTMENT DATA INCIDENT REPORTING FORM

(EDUCATIONAL AGENCY)

Office of the Chief Privacy Officer

Privacy@nysed.gov, 518.474.0937

Reporting Individual/Entity's Information:

Name of Reporting Individual: _____ Title: _____

Name of Educational Agency/Company: _____

Office phone #: _____ Mobile phone (if applicable) #: _____

Email: _____

Please indicate if a third- party contractor is implicated (software vendor, technology services, cloud services, or other services) _____

If yes, please explain how: _____

Information about the Educational Agency Impacted, if different from Reporting Entity:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office phone #: _____ Email: _____

Type of Organization (select one):

School District; BOCES/RIC; Other: _____ (specify).

Dates:

Date of Incident: _____ Date of Discovery: _____ Date of Notification to Affected Persons (made or planned): _____

Date reported to state agencies other than SED (indicate entity to which report was made, e.g. AG): _____

Recovery Date (by system, if applicable): _____

Description of Incident (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);

Unauthorized Access; Malicious Code (virus, malware etc.); Inadvertent disclosure ;

Other (specify): _____

Information about Impacted Data (select all that apply):

- N/A (No data impacted)
 - Student Name
 - Student Social Security Number
 - Student NYSIS ID
 - Student Grades
 - Teacher/Principal APPR Data
 - Other Personally Identifiable Information or Personal Information (specify): _____
 - Other sensitive, confidential or mission critical information (specify): _____
- Total Number of Data Subjects Affected: _____

Information about Impacted Systems:

- N/A (No systems impacted)
- List critical systems impacted (indicate how, and for how long): _____
- List non-critical systems impacted (indicate how, and for how long): _____
- Do you have backup systems? _____ Onsite _____ Offsite (BOCES/RIC/3rd Party): _____
- Were back up systems impacted and how? (Service/confidentiality, integrity, accessibility, damage):

Notification of Data Subjects (Affected Individuals):

- Is notification required? _____ If not, please explain: _____
- Was notification performed? _____ If not, please explain: _____
- If performed, how? Written Electronic Telephone Substitute notice

Reporting to Oversight Agencies:

- Is reporting to another government agency required? ____ If yes, please indicate which agency and why: _____
- Has reporting to another government agency occurred? ____ If yes, please indicate which agency and dates reported: _____

Detection and Response:

- How was incident detected: - _____
- Was a root cause identified? Please explain: _____
- Did a third-party perform the investigation? _____ If yes, who: _____
- What steps were taken in response to this incident? _____
- Please describe any additional corrective and recovery activities: _____
- Has the incident been contained/resolved? _____
- Has the virus been eradicated? _____ If yes, how? _____
- Have systems been recovered and restored? _____ if yes, when?
- How will eradication be verified? Will assurance be received in writing by an independent third party? _____

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Additional Information (briefly describe what occurred):

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