

**NYS EDUCATION DEPARTMENT  
DATA INCIDENT REPORTING FORM**

**(EDUCATIONAL AGENCY)**

**Office of the Chief Privacy Officer**

[Privacy@nysed.gov](mailto: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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