

**NYS EDUCATION DEPARTMENT DATA INCIDENT REPORTING FORM
(EDUCATIONAL AGENCY)**

NYSED Privacy Office
Privacy@nysed.gov
518.474.0937

Reporting Individual/Entity Information

Name of Reporting Individual: _____

Title: _____

Name of Educational Agency/Company: _____

Office Phone #: _____ Mobile Phone #: _____

Email: _____

Information about the Educational Agency Impacted

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

DPO Name: _____

Office phone #: _____ DPO Email: _____

Type of Organization (select one):

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

Third Party Contractors

Was a third-party contractor (software vendor, or a cloud or other services provider) involved?

Yes No

If yes, please list the third-party contractor's name: _____

Service(s) provided by the third-party contractor (please check all applicable boxes):

Cloud Services Communication Services (i.e., chat, video conferencing) Software/Applications
 Storage Services Technology Services Website Hosting Services Other Services (please list services):

Data Incident Information

Incident Date: _____ Discovery Date: _____

How was the incident detected?

Affected Data

Please check all that apply. No data impacted

- Student Home Address Student Birth Date Student Grades/Transcript Student Name
- Student NYSS ID Student SSN Student IEP Information Student Phone Number
- Student ELL Information Parent Name Parent email address Teacher/Principal APPR Data
- Other Personally Identifiable Information or Personal Information (please specify):

Other sensitive, confidential or mission critical information (please specify):

Total Number of Individuals Affected: _____

Number of Students: _____ **Number of Teachers/Principals:** _____

Affected System(s)

List the MISSION CRITICAL systems impacted (how it was affected and for how long): None Affected

List the NON-MISSION CRITICAL systems impacted (how it was affected and for how long): None Affected

Do you have back-up systems? Onsite Offsite (Please list BOCES or Vendor Name)

Notification to Affected Individuals (Data Subjects):

Is notification to affected individuals or their parents required? Yes No

If no, please explain why not:

Have the affected individuals or their parents been notified? Yes No

If yes, list date(s): _____

Method by which notice was provided (please check all that apply):

- Email Substitute Notice Telephone (including robocalls) Text Written & Mailed
 Other (please list)

If notification has not been performed, please explain why not:

Response and Recovery

Was the root cause of the incident identified? Yes No

Please explain:

Did a third-party perform an investigation? Yes No

If yes, by who: _____

What steps were taken in response to this incident?

Please describe any additional corrective activities taken:

Has the incident been contained/resolved? Yes No

If no, why not?

Has the root cause been eradicated? Yes No If yes, how?

How will eradication be verified?

Will assurance of the eradication be received in writing by an independent third party? Yes No

Have systems been recovered and restored? Yes No
If yes, when?

If no, when is recovery and restoration expected?

Additional Information (Briefly describe what occurred. If you need more space, please use the next page)

Additional Information (Additional space)