

**3145-F NEW YORK STATE SECURITY BREACH REPORTING FORM**  
**Pursuant to the Information Security Breach and Notification Act**  
**(General Business Law §899-aa)**

**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; or  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 - 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

Email: [breach.security@ag.ny.gov](mailto:breach.security@ag.ny.gov)

**New York State Division of State Police**

SECURITY BREACH NOTIFICATION

New York State Intelligence Center

31 Tech Valley Drive, Second Floor

East Greenbush, NY 12061

Fax: 518-786-9398

Email: [risk@nysic.ny.gov](mailto:risk@nysic.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, New York 12231

Fax: (518) 473-9055

Email: [security\\_breach\\_notification@dos.ny.gov](mailto:security_breach_notification@dos.ny.gov)