



UNAUTHORIZED DISCLOSURE FORM

Parents, eligible students (students who are at least 18 years of age), principals, teachers, and employees of an educational agency may file a complaint about a possible breach or improper disclosure of student data and/or protected teacher or principal data using this form. Submit this form to **Sullivan BOCES, 15 Sullivan Avenue, Suite 1W, Liberty NY 12754 attn: Data Privacy Officer**. Please do NOT include any information in this form that would constitute student personally identifiable information.

CONTACT INFORMATION

First Name:

Last Name:

Phone Number:

Email:

Role/Relationship to Student:

District/Building Affiliation:

POSSIBLE IMPROPER DISCLOSURE OR BREACH INFORMATION

Description of Event(s):

Description of Possible Disclosed Data:

Description of How Reporter Learned of Possible Disclosure:

FOR DISTRICT USE ONLY

Date Received:

Staff Member Responsible for Investigation:

Findings Communication Date:

Signature to Confirm Investigation Complete: