

**FIRE ISLAND UFSD
SECURITY BREACH REPORTING FORM**

Name of Entity that was subject to the breach:	
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Submitted by:		
Date: (mm/dd/yyyy)	11/01/2023	
Telephone:		
Email:		
Relationship to Student whose information was compromised:		

Date Breach Discovered:	
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Description of Breach	(please select <u>all</u> that apply):
☐	Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape)
☐	Internal system breach
☐	User wrongdoing
☐	External system breach (e.g. hacking)
☐	Inadvertent disclosure
☐	Other (specify):
Information Acquired or Accessed (if known):	

PLEASE COMPLETE AND SUBMIT THIS FORM TO:

Mail, Fax, or Email :

Fire Island UFSD

P.O. Box 428

Ocean Beach, NY 11770

Fax: 631-583-5167

Email: privacy@fi.k12.ny.us