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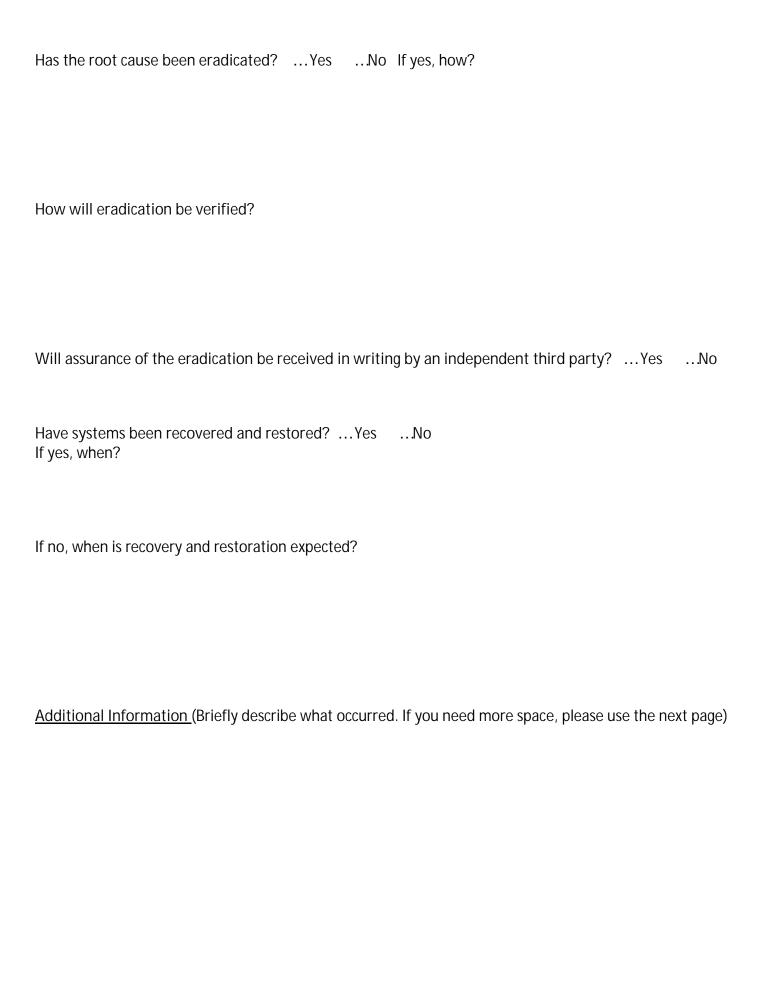## (EDUCATIONAL AGENCY)

NYSED Privacy Office
Privacy@nys 91 Tf-42s (ac)- 0 Td()-384()TJTT1 1A I4()TJTT1 1Any-1.2c

List the NON-MISSION CRITICAL systems impacted (how it was affected and for how l01 1pnβ5 72574 739 007 w( )-

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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?

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

<u>Additional Information</u> (Additional space)