THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Personal Identification Security Breach Report

Date Breach Occurred _____

Date Breach Discovered _____

Reported by _____ **School/Dept.** _____

Provide the number of person(s) affected by the breach:

Employee(s)/Job Applicant(s) _____ Student(s) _____ Volunteer(s) _____ Total Number

Parent(s)/Guardian(s) _____ Vendor(s) _____ Retire(s) _____

Description of breach (select all that apply):

☐ Stolen information, computer, CD, tape, etc. ☐ Hacking incident ☐ Inadvertent disclosure

☐ Lost computer, CD, tape, etc. ☐ Unauthorized user/person

Other (specify) _____ Attach additional descriptions

Information acquired (select all that apply)

☐ Name ☐ Social Security Number ☐ Driver's License Number ☐ Florida Identification Card Number

☐ Financial Account Number ☐ Credit or Debit Card Number Other (specify) _____

FOR COMPLETION BY PRIVACY OFFICER

A. IF NOTIFICATION

1. Manner of Notification to Affected Person(s) (attach copy)

☐ Written (date) _____ **OR**

☐ Electronic (e-mail - must be done consistent with federal law) (date) _____ **OR**

☐ Substitute (All below must be used if the costs would exceed $250,000, persons to be notified exceed $500,000, or person does not have sufficient contact information) (Attach justification)

☐ Electronic mail or e-mail, if there is an electronic mail or e-mail for the subject person(s) (date sent) _____

☐ Conspicuous posting of notification on School District's web page (date posted) _____

☐ Notification to statewide media (date notified) _____

2. Notification of Consumer Reporting Agencies (if more than 1,000 persons affected at a single time (date) _____

- Equifax (800) 525-6285 www.equifax.com
- Experian (800) 397-3742 www.experian.com
- TransUnion (800) 680-7289 www.transunion.com

B. IF THERE IS NO NOTIFICATION (Check, if applicable)

☐ An investigation or consultation has occurred with relevant federal, state and local law enforcement agencies; and it has been determined that the breach has not and will not likely result in harm to the subject individuals. (Attach the required documentation in writing. Please retain this completed form, attachments and documentation for at least 5 years.).

C. IF DELAY IN NOTIFICATION (Check applicable reason)

☐ Due to law enforcement request OR ☐ Need District to determine scope of breach/restore integrity of data system.

_____ _____

Signature of Privacy Officer *Date*