

**Tioga Central School District**  
**DATA INCIDENT REPORTING FORM**

**Please print & complete the form below then submit to:**

Tioga Central School District  
Attn: Technology Coordinator  
27 Fifth Avenue  
Tioga Center, NY 13845

**Reporting Individual**

Name of Reporting Individual: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Data Incident Information Incident**

Date: \_\_\_\_\_

Discovery Date: \_\_\_\_\_

How was the incident detected?

**Affected Data Please - check all that apply.**

- |   |   |
|---|---|
| <input type="radio"/> No data impacted          | <input type="radio"/> Student IEP Information     |
| <input type="radio"/> Student Home Address      | <input type="radio"/> Student Phone Number        |
| <input type="radio"/> Student Birth Date        | <input type="radio"/> Student ELL Information     |
| <input type="radio"/> Student Grades/Transcript | <input type="radio"/> Parent Name                 |
| <input type="radio"/> Student Name              | <input type="radio"/> Parent email address        |
| <input type="radio"/> Student NYSS ID           | <input type="radio"/> Teacher/Principal APPR Data |
| <input type="radio"/> Student SSN               |   |

○ Other Personally Identifiable Information or Personal Information (please specify):

○ Other sensitive, confidential or critical information (please specify):

Additional Information (Briefly describe what occurred)