

Adair County School District
Report of Data Breach or Suspected Data Breach Form

Person Reporting Data Breach: _____

Location Where Breach Occurred: _____

Date & Time of Data Breach: _____

Narrative Description of Data Breach or Suspected Data Breach: _____

Type of Breach—Check All That Apply

Physical	Electronic
<input type="checkbox"/> Hardcopy/Paper	<input type="checkbox"/> Phishing/Email
<input type="checkbox"/> Laptop/Chromebook	<input type="checkbox"/> Stolen Login Credentials
<input type="checkbox"/> Phone	<input type="checkbox"/> Data Theft
<input type="checkbox"/> Tablet/Slate/iPad	<input type="checkbox"/> Unauthorized Data Change
<input type="checkbox"/> Desktop/Server	<input type="checkbox"/> Unauthorized Data Destruction
<input type="checkbox"/> Other/Unknown: _____	<input type="checkbox"/> Other/Unknown: _____

Data Elements Involved—Check All That Apply

<input type="checkbox"/> First Name or First Initial	<input type="checkbox"/> Last Name
<input type="checkbox"/> Birth Date	<input type="checkbox"/> Driver's License Number
<input type="checkbox"/> Employee Number	<input type="checkbox"/> Unique Student ID Number
<input type="checkbox"/> Password	<input type="checkbox"/> Account Name or Number
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Credit Card/Debit Card Number
<input type="checkbox"/> Tax Identification Number	<input type="checkbox"/> Medical Information
<input type="checkbox"/> Email Address	<input type="checkbox"/> Network/System Information
<input type="checkbox"/> Physical Address	<input type="checkbox"/> Other/Unknown: _____

Data Systems Involved – Check All That Apply

<input type="checkbox"/> Infinite Campus	<input type="checkbox"/> Student Assessment Data	<input type="checkbox"/> Online Learning Programs
<input type="checkbox"/> Food Services (Lunchbox)	<input type="checkbox"/> Library Mgt (Follett)	<input type="checkbox"/> Health Records
<input type="checkbox"/> Financial (MUNIS)	<input type="checkbox"/> Indiv. Learning Plan (ILP)	<input type="checkbox"/> Indiv. Ed. Plan (IEP)
<input type="checkbox"/> Employment Records	<input type="checkbox"/> Payroll Records	<input type="checkbox"/> Special Ed. Records/504
<input type="checkbox"/> Active Directory	<input type="checkbox"/> Notification System	<input type="checkbox"/> Computer/Server
<input type="checkbox"/> E-mail	<input type="checkbox"/> Other, Please List: _____	