



## Unauthorized Data Disclosure Incident Form

The City School District of Albany takes the security of student data seriously and has multiple measures in place to ensure the integrity of those data. If you believe there has been a possible breach or improper disclosure of data, please complete this form and mail it to Assistant Superintendent for Assessment, Accountability and Technology Innovation, 33 Essex Street, Albany, NY 12206.

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### Complainant Information

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First Name:                                      Last Name:                                      Phone:                                      Email Address:

Primary Role/Capacity in Reporting the Incident:

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### Incident Information

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Date of Incident (approximate):                      Type of Data Disclosed:

Description of Incident:

Additional Information:

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#### VISION STATEMENT

*The City School District of Albany will be a district of excellence with caring relationships and engaging learning experiences that provide equitable opportunities for all students to reach their potential.*

#### MISSION STATEMENT

*We will work in partnership with our diverse community to engage every learner in a robust educational program designed to provide the knowledge and skills necessary for success.*