



# Breach or Unauthorized Release of Student Data Complaint Form

The Whitesboro Central School District is dedicated to the protection of student data and to maintaining data security and privacy across the district. If you believe that a breach or unauthorized disclosure of student personally identifiable information has occurred, please complete this form and submit it in person to our District Clerk. The clerk is located in the District Office at 65 Oriskany Blvd. Suite 1 Whitesboro, NY 13492. Any parent, eligible student (students who are at least 18 years of age or attending a postsecondary institution at any age), principal, teacher, or employee of an educational agency may file a complaint.

## CONTACT INFORMATION

COMPLAINANT NAME (Please Print)

COMPLAINANT EMAIL

COMPLAINANT HOME ADDRESS

COMPLAINANT PHONE NUMBER

RELATIONSHIP TO STUDENT

## POSSIBLE IMPROPER DISCLOSURE OR BREACH INFORMATION

DATE DISCOVERED

DESCRIPTION OF INCIDENT (Please attach any additional documents to this form)


### DISTRICT USE ONLY

DATE RECEIVED

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Signature of Complainant

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