



Simon Axten  
<simon@facebook.com>  
06/06/2008 06:30 PM

To <breach.security@oag.state.ny.us>  
cc  
bcc

Subject New York Security Breach Reporting Form

Hello,

Please see the attached security breach reporting form from Facebook. Let me know if you have any questions. Thanks.

Simon Axten  
Privacy and Public Policy



Facebook NYsecuritybreachReportForm\_Facebook.pdf

**NEW YORK STATE SECURITY BREACH REPORTING FORM**  
**Pursuant to the Information Security Breach and Notification Act**  
**(General Business Law §899-aa; State Technology Law §208)**

Name of Entity: Facebook, Inc.  
Street Address: 156 University Avenue  
City: Palo Alto State: CA Zip Code: 94301

Sector (please select one):  Local Government  State Government  Federal Government  
 Not-for-profit  Commercial  Educational

Type of Business (please select one):  Biotech/Pharm  Education  Financial Services  
 Health Care  Insurance  Retail/Internet  Telecom.  Transportation  
 Other \_\_\_\_\_

Persons Affected: Total: 416 Dates: Breach Occurred: 05/02/08  
NY residents: 18 Breach Discovered: 05/02/08  
Consumer Notification: 6/6/08

Reason for delay, if any, in sending notice: Investigation as to nature and scope of breach

Description of Breach (please select all that apply):  Hacking incident;  Inadvertent disclosure;  
 Stolen computer, CD, tape, etc;  Lost computer, CD, tape, etc;  Insider wrongdoing;  
 other (specify): inadvertent disclosure due to software [Attach additional description if necessary]

Information Acquired (please select all that apply):  Name;  SSN;  Driver's license no.;  
 Account number;  Credit or Debit card number;  Other (specify): \_\_\_\_\_

Manner of Notification to Affected Persons (**Attach Copy**):  Written;  Electronic (email);  
 Telephone;  Substitute notice (provide justification). List dates of any previous (within 12 months)  
breach notifications: \_\_\_\_\_

Credit Monitoring or Other Service Offered:  Yes;  No; Duration \_\_\_\_\_  
Service: \_\_\_\_\_ Provider: \_\_\_\_\_

Submitted by: Chris Kelly Title: Chief Privacy Officer  
Firm Name (if other than entity): \_\_\_\_\_  
Telephone: 650.543.4814 Email: ckelly@facebook.com

Dated: May 28, 2008

**PLEASE COMPLETE AND SUBMIT THIS FORM TO  
EACH OF THE THREE STATE AGENCIES LISTED BELOW:**

**Fax or E-mail this form to:**

**New York State Attorney General's Office:**

SECURITY BREACH NOTIFICATION

Consumer Frauds & Protection Bureau

120 Broadway - 3<sup>rd</sup> Floor

New York, NY 10271

Fax: 212-416-6003

E-mail: [breach.security@oag.state.ny.us](mailto:breach.security@oag.state.ny.us)

**New York State Office of Cyber Security  
& Critical Infrastructure Coordination (CSCIC)**

SECURITY BREACH NOTIFICATION

30 South pearl Street, Floor P2

Albany, NY 12207

fax: 518-474-9090

E-mail: [info@cscic.state.ny.us](mailto:info@cscic.state.ny.us)

**New York State Consumer Protection Board (CPB):**

SECURITY BREACH NOTIFICATION

1740 Broadway, 15<sup>th</sup> floor

New York, NY 10019

fax: 212-459-8855

E-mail: [security\\_breach\\_notification@consumer.state.ny.us](mailto:security_breach_notification@consumer.state.ny.us)