



MISSISSIPPI STATE UNIVERSITY™
OFFICE OF TECHNOLOGY MANAGEMENT

REQUEST FOR NON-DISCLOSURE AGREEMENT

SPONSORED PROGRAMS ADMINISTRATION
OFFICE OF TECHNOLOGY MANAGEMENT
Return to Mail Stop 9565 or otm@msstate.edu

UNIVERSITY

MSU Employee Name:

MSU ID#:

MSU ORG Name:

MSU ORG No.:

Mailstop:

Phone:

Email:

COMPANY

Company Name:

Address:

City/State/Zip:

Contractual POC:

Email (required):

Technical POC:

Email:

EXCHANGE OF INFORMATION

What is the purpose of this exchange? (please be specific)

Who will be disclosing this information?

Please provide a description of the following:

MSU's Confidential Technology/Information to be disclosed (if applicable):

Company's Confidential Technology/Information anticipated to be received (if applicable):

GENERAL INFORMATION

Yes No

Is it mandatory to receive or disclosure confidential information in order to accomplish the purpose stated above?

Is there a deadline to have the agreement signed? If so, please note the deadline:

Have you been involved with any other agreement with the Company? If yes, please specify:

Is this NDA related to an existing research agreement, or is the intent that it will lead to one in the future?

Is there any possibility that Company's confidential information may co-mingle with similar work or information in your possession?

Will the Company's confidential information be used by students as part of a class project? If yes, please indicate the type of students involved (i.e. undergrad, MBA):

Are you a U.S. Citizen? If no, please indicate your current status:

Will you be sharing any Company confidential information with foreign students or other foreign nationals?

INVENTION DISCLOSURE

Yes No

Has the invention disclosure been submitted by you related to the information that will be received or disclosed? If yes, please indicate disclosure number(s):

Do you plan to submit an invention disclosure prior to receipt or disclosure of confidential information? If yes, when?

APPROVALS

_____	_____	_____	_____	_____	_____
Employee Signature	Date	Dept. Head/Director Sig.	Date	Dean/Director Signature	Date