



UNIVERSITY

COMPANY

MSU Employee Name:
MSU ID#:
MSU ORG Name:
MSU ORG #: MSU Fund Type:
Mailstop:
Phone:
Email:

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 NDA End Date:
Is it mandatory to receive or disclose confidential information in order to accomplish the purpose stated above?
Is there a deadline to have the agreement signed? Deadline Date:
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 an 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 Signature Date Dean/Director Signature Date