| Confidentiality agreement request form | | | | |
| --- | --- | --- | --- | --- |
| ASU PI Information | | | | |
| Name: | | | | |
| Department: | | | | |
| Phone: | | | | |
| Email Address: | | | | |
| Campus Address: | | | | |
| City: | | State: | | ZIP Code: |
| Outside party Information | | | | |
| Outside Party Name (Organization): | | | | |
| Point of Contact Name: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Outside Party Address: | | | | |
| City: | | State (or Country): | | ZIP Code: |
| Outside party Information (Additional) | | | | |
| Outside Party Name (Organization): | | | | |
| Point of Contact Name: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Outside Party Address: | | | | |
| City: | | State (or Country): | | ZIP Code: |
| Type of disclosure | | | | |
| One Way (ASU to Outside Party) | | One Way (Outside Party to ASU) | | Mutual |
| purpose of the agreement | | | | |
| Evaluating Outside Party’s Interest in (select all that apply) - | | | | |
| Acquiring Rights to ASU Inventions (list): | Sponsoring Research Relating to (describe): | | Engaging in Discussions Regarding a Collaboration Relating to (describe): | |
| Other (describe): | | | | |
| Description of information to be disclosed by asu | | | | |
| Description: | | | | |
| AzTE Tech ID (if applicable): | | | | |
| Description of information to be disclosed by outside party | | | | |
| Description: | | | | |
| Description of information to be disclosed by outside party (Additional) | | | | |
| Description: | | | | |
| Preferred Term of Agreement | | | | |
| Preferred Start Date: | | | | |
| Length of Information Exchange (typically one year): | | | | |
| Preferred confidentiality obligation period | | | | |
| Length of Time Information is to be Held in Confidence (typically three years): | | | | |