



# REQUEST FOR NON-DISCLOSURE AGREEMENT (CHECKLIST)

UNIVERSITY	
PSU Employee:	
PSU Department:	
Office Address:	
Office Address:	
Phone:	
Email:	

COMPANY	
Company Name:	
Address:	
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 information?      PSU to Company      Company to PSU      Both

Please provide a description of the following:

Penn State'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 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 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

\_\_\_\_\_  
Signature of PSU Employee Named Above      Date

\_\_\_\_\_  
Approval Signature of Research Dean/Administrative Officer      Date