**Office of Sponsored Project Administration (OSPA)**

**Contracts and Industry Agreements (CIA)**

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| --- |
| **Non-Disclosure Agreement (NDA)**  **Request Form** |

Please provide the following information for the preparation and negotiation of the requested NDA and be as specific as possible. Once completed, please submit this form and related documents to [VPR-OCIA@utsa.edu](mailto:VPR-OCIA@utsa.edu)

1. **Type of Disclosure:**

Mutual  UTSA Disclosing  UTSA Receiving

1. **Point of Contact Information:**

|  |  |  |
| --- | --- | --- |
|  | **UTSA Principal Investigator (PI)** | **Other Party’s Information** |
| Institution/Entity: | Click or tap here to enter text. | Click or tap here to enter text. |
| Contact Name: | Click or tap here to enter text. | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. | Click or tap here to enter text. |
| Department/College: | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Click or tap here to enter text. |
| Fax: | Click or tap here to enter text. | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Subject Matter of the Disclosure:**

Click or tap here to enter text.

1. **Purpose of the Disclosure:**

Click or tap here to enter text.

## Anticipated Disclosure Period:

1 year  2 years  If other, please specify: Click or tap here to enter text.

Date of anticipated disclosure, if known, is Click or tap to enter a date..

1. **Does any of the information to be received by any UTSA person have a military use or dual use, or is it subject to export control laws?**

Yes  No  If YES, please describe in detail:Click or tap here to enter text.

1. **Will the information to be received by any UTSA person be considered:**

**Classified?** Yes  No  **Restricted?** Yes  No

## Will any UTSA person receiving this information be a non-US citizen?

## Yes No If YES, will they be: Students Faculty Staff

List the UTSA individuals who will receive or have access to the information (if being received):

Click or tap here to enter text.

1. **Will the information to be provided by any UTSA person have a military use or dual use, or is it subject to export control laws?**

Yes ☐ No ☐

If YES, please describe in detail and indicate if you have coordinated with UTSA’s Research Security Manager:Click or tap here to enter text.

[*http://research.utsa.edu/research-funding/research-integrity-guidelines/export-control/*](http://research.utsa.edu/research-funding/research-integrity-guidelines/export-control/)

1. **Will the information to be provided by any UTSA person be considered:**

**Classified?** Yes  No  **Restricted?** Yes  No

1. **Please indicate if the information to be provided by UTSA is subject to an invention or patent that was coordinated with UTSA’s Office of Commercialization and Innovation.**
2. Invention Disclosure: Yes  No  Unsure

If YES, provide file #:Click or tap here to enter text.

1. Patent/Patent Pending:Yes  No  Unsure

If YES, provide file #:Click or tap here to enter text.