**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

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.