



**UNIVERSITY**

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

**COMPANY**

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

- 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**

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Dept Head/Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Dean/Director Signature \_\_\_\_\_ Date \_\_\_\_\_