# Syracuse University

# Office of Technology Transfer

# **Two Party Confidentiality & Non-Disclosure Agreement Request Form**

Request Date: Click or tap to enter a date.

## **Syracuse University Contact Information**

|  |  |
| --- | --- |
| PI Name: | PI Name |
| Department: | PI’s Department |
| College/Unit: | College/Unit |
| PI Email Address: | PI Email Address |
| PI Phone Number | Best Phone Number to Reach You |

## **Other Party’s Information (Participant)**

|  |  |
| --- | --- |
| Contact’s Full Name:  | Contact’s Full Name |
| Contact’s Title: | Contact’s Title |
| Contact’s Email Address: | Contact’s Email Address |
| Company/Entity Name: | Company/Entity Name |
| Company/Entity Address: | Address Line 1 |
| Address Line 1 |
| City, State Zip |

Is the Participant based in a foreign country? [ ]  Yes [ ]  No

## **Disclosure Information**

### **Disclosure Party**

The discloser of confidential information is: (check all that apply)

[ ]  Syracuse University -- *If checked, please indicate what is currently confidential that you wish to communicate - in confidence – with the third party about:* Click or tap here to enter text.

[ ]  Participant -- *If checked, please indicate what you understand to be confidential information of the other party that they wish to communicate - in confidence – with you about:* Click or tap here to enter text.

### **Purpose**

Provide a short description and context for why a confidentiality agreement is needed. If emails have been exchanged between you and the Other Party, please attach those.

Short Description of the Scope of the Disclosure

### **Particpant’s Confidential Information**

If the Participant is disclosing confidential information to SU, check the statement below that best describes that confidential information:

[ ]  Participant’s interest in and ability to test SU confidential Information to advance the technology readiness level. {check this box if the other party has capabilities or funding to further develop an academic asset }

[ ]  Participant’s business practices and technologies where there are synergies with the PI’s research that support research, development, and collaboration efforts. {check this box if the other party is a potential sponsor or collaborator}

[ ]  Proprietary elements of the participant’s research and business strategy that drive Participant’s interest in technologies developed at SU. {check this box if the other party wishes to share information in confidence about their R&D, regardless of why they might wish to do so }

[ ]  Information related to product pipeline development, staff expertise, and other business details as relates to Participant’s interest in and capability to commercialize SU owned patent/patent-pending technologies. {check this box if the other party is a potential licensee that has interest in commercializing SU owned intellectual property }

[ ]  Other, please describe: Participant’s Confidential Information.

### **Syracuse University Intellectual Property**

Is any Syracuse University intellectual property involved in the disclosure? [ ]  Yes [ ]  No

If yes, provide the title of the Syracuse University intellectual property and the number assigned by the Office of Technology Transfer (if known) – if more than one, please click on the + to the right of the text box below to add an additional text box:

Intellectual Property Title and SU Number

### **Third Party Interest**

Does 1) a third party have any rights to the Syracuse University confidential information to be disclosed or 2) were third party funds used in developing the Syracuse University confidential information?

[ ]  Yes [ ]  No

If yes, please provide the name of the third party and the party’s relationship to the confidential information:

Third Party Name and Relationship to Disclosure Information.

### **Export Control**

To your knowledge will any foreign nationals have access to the Syracuse University confidential information to be disclosed or received by Syracuse University? [ ]  Yes [ ]  No [ ]  N/A

To your knowledge, is any of the information being disclosed subject to Export Controls?

By SU: [ ]  Yes [ ]  No

By Other Party: [ ]  Yes [ ]  No

## **Timing**

Two-party NDAs/CDAs can be executed as quickly as a few days or may take longer, sometimes significantly longer, depending on whether the other party seeks to negotiate the terms of the NDA/CDA. Syracuse University prefers to use our template to expedite the process. Please provide context regarding your desired timing as it relates to the need for an NDA/CDA for an upcoming proposal deadline, or other factors.

Additional Information

## **Additional Comments**

Are there any special circumstances or other information that Syracuse University, Office of Technology Transfer may need to know prior to facilitating this NDA?

Additional Information

Which party is requesting an NDA? [ ]  Syracuse University PI [ ]  Other Company/Entity (Participant)

Thank you for completing this request form. Please email this completed form to the Office of Technology Transfer – jmcrisp@syr.edu and jeffery@syr.edu. The Office will review your request and will follow-up with you regarding any questions or additional information needed.