



CONFIDENTIAL INFORMATION DISCLOSURE AGREEMENT CHECKLIST

UNIVERSITY

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

COMPANY

Company Name:	
Point of Contact:	
Address:	
City/State/Zip:	
Phone:	
Email (required):	

EXCHANGE OF INFORMATION

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):

What is the purpose of this exchange? (Please be specific):

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