**Non-Disclosure Agreement Information Sheet**

**To help expedite your request, please fill out as accurately as possible.  If you have questions, please email** [**spscontr@purdue.edu**](mailto:spscontr@purdue.edu) **or call (765) 494-3863.  Thank you.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of request:** Click here to enter a date. | **Date NDA needed:** Click here to enter a date. | | |
| Has the Other Party Provided a draft agreement?  If Yes, please email a copy to spscontr@purdue.edu | | Yes | No |
| **Primary Recipient:** Click here to enter text. | | | |
| **(This individual will be primarily responsible for Purdue’s compliance with the terms of the agreement. Failure to adhere to the terms of the agreement could lead to both institutional liability and individual consequences.)** | | | |
| Is the Primary Recipient of Confidential Information a U.S. Citizen or lawful permanent resident? **(Required)** | | Yes | No |
| Department: Click here to enter text. | | | |
| **Campus Address:** Click here to enter text. | | | |
| **Email Address:** Click here to enter text. | **Campus Phone:** Click here to enter text. | | |
| **Requestor (if not Primary Recipient):** | Click here to enter text. | | |
| **Email Address:** | Click here to enter text. | | |
| **Other Party name:** Click here to enter text. | | | |
| Is the Other Party a U.S. Person\*? **(Required)** | | Yes | No |

\*In addition to individuals who are U.S. Citizens or lawful permanent residents, a U.S. Person is any corporation, business association, partnership, society, trust, or any other entity, organization or group that is incorporated to do business in the U.S. It also includes any governmental (federal, state or local), entity.

|  |  |  |
| --- | --- | --- |
| Address: Click here to enter text. | | |
| Technical POC: | Name: Click here to enter text. | Email: Click here to enter text. |
| Contractual POC | Name: Click here to enter text. | Email: Click here to enter text. |



Once received, will anyone other the Primary Recipient be granted access to the information? Yes  No

If Yes List name and role of the individual(s) and if individual is a U.S. Citizen or Permanent Resident:

|  |  |  |
| --- | --- | --- |
| **Name** | **Role (e.g. Faculty, Staff, Student (grad/undergrad), Visiting Scholar, Adjunct)** | **U.S. Citizen or Permanent Resident?** |
| Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Choose an item. | Choose an item. |

If more lines are needed, please use an additional sheet.

**Note: is the responsibility of the Primary Recipient to ensure that all persons who are granted access to the information are aware of its confidentiality, authorized use and the terms of the agreement.**

***Please answer all of the following questions:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. What is the purpose of the exchange (be specific):   Click here to enter text. | | | | |
| 2. Will the information be used as a part of a funded project: | | | Yes | No |
| If Yes, please provide the grant number: | | | Click here to enter text. | |
| 3. What information (field and type) will be shared (be specific):  Click here to enter text. | | | | |
| 4. Will you receive, access, or generate technical data or equipment specifically designed or developed for military or space applications? | | | Yes | No |
| If yes, please explain:  Click here to enter text. | | | | |
| 5. Who will be disclosing confidential Information? | | Purdue | Other Party | Both |
| 6 a. Description of Purdue confidential technology/information to be disclosed (if applicable):  Click here to enter text. | | | | |
| 6 b. Has this Purdue confidential technology or information been disclosed to the Office of Technology Commercialization? | | | Yes | No |
| 6 c. If 6b. is yes, please provide the OTC assigned reference number and Title: | Click here to enter text. | | | |
| If yes, please list name, role and citizenship of individual/entity  Click here to enter text. | | | | |
| 8. Do you, the Primary Recipient, currently have an approved outside activity that has an actively managed conflict of interest plan? | | | Yes | No |
| If yes, please explain:  Click here to enter text. | | | | |