

From NDSU Researcher: _____

Department: _____

Telephone/Email address: _____

Requests the development of a Confidentiality or Non-Disclosure Agreement with:

Name of the other organization: _____

Address: _____

Name of contact person: _____

Telephone/Email address: _____

Please complete following:

1. NDSU will:
 - a. ___ send confidential/proprietary information,
 - b. ___ receive confidential/proprietary material, or
___ send and receive confidential/proprietary information, no later than (date)
_____.

2. Describe all of the applicable subject area(s) that the information will cover:

3. The information will be used solely for the purpose of: _____

4. The confidential information comes from/is going to which type of research program?
 - ___ Federally funded program, (name) _____
 - ___ Privately funded program, (name) _____
 - ___ NDSU/department _____
 - ___ NDSU/RF funded program _____
 - ___ Other program, (name) _____