



REQUEST FOR NONDISCLOSURE AGREEMENT

(attach additional pages if necessary)

Lead Contact for Texas A&M University/Health Science Center

Please provide contact information for the institution's employee who will be leading the confidential discussions with the external entity.

Name: _____
Title/Position: _____
Phone: _____
Fax: _____
Email: _____

Affiliation (Department, Unit, Center, etc.): _____

Please identify any other Texas A&M University System members or employees involved in the subject of this request (include name and Department).

Address: _____

Company/External Entity

Technical Contact Information

Entity Name: _____
Contact Name: _____
Title/Position: _____
Phone: _____
Fax: _____
Email: _____
Address: _____

Type of Organization
(check one)

- For Profit
 University/Non-Profit
 Government Agency
 Other (describe):

Administrative Legal Authority

(person who has legal authority to sign contract if different)

Name: _____
Title/Position: _____
Phone: _____
Fax: _____
Email: _____
Address: _____

By what date do you need this Nondisclosure Agreement? _____

Will you be receiving confidential or proprietary information from the external entity?

YES NO

Will you be providing confidential or proprietary information (e.g. unpublished research, results, data, know-how, etc.) to the external entity?

YES NO

Have you received a Nondisclosure Agreement (NDA) from the company/external entity?

YES NO (If YES, please attach)

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(attach additional pages if necessary)

Please describe the subject matter, individual topics, know-how, or other confidential information exchanged with the external entity. This will be used to draft the Nondisclosure Agreement.

When would you like the agreement to start? Date: _____

How long would you like the agreement to last? From _____ to _____
(typically 1-3 years from the start date)

How long would you like to keep the information confidential? From effective date of the agreement to _____
year(s) (1-5 years from the start date, additional time will require additional review and approval)

Does this request relate to any previous or planned disclosures? YES NO

If YES, please describe (including reference numbers, titles, brief description, etc.):

Do any third party obligations or other agreements exist relating to this information?

YES NO

If YES, please describe (grant/contract number, sponsored research, license, MTA, other NDA, etc.)

Return Completed Form and any Attachments to:
Texas A&M Research Administration (TAMRA)
negotiations@tamu.edu