

Non-Disclosure Agreement Approval Form

To: Principal Investigator
From: Dan Nordquist, AVP/Director
Date:
Subject: Confidentiality / Non-Disclosure Agreement
OGRD #:

Carefully review the attached agreement and indicate your approval and understanding of the terms and conditions by signing below. Pay particular attention to:

1. the definition of confidential information;
2. the particular communication restrictions and information management responsibilities; and
3. the duration of the obligations.

Please provide the following information:

1. Will WSU be disclosing any proprietary/confidential information?

☐ YES ☐ NO

2. List all WSU individuals who will have access to proprietary/confidential information:

The attached agreement is not considered binding until fully executed by the authorized signatories of both parties. OGRD will not sign the agreement on behalf of WSU without PI and Chair/Director/Dean approval.

I have read and understand the obligations contained in the attached agreement.

Principal Investigator

Name:

Date:

Chair/Director/Dean

Name:

Date:

Return a signed copy of this form to OGRD (3140) or OGRD@wsu.edu