



## Non-Disclosure Agreement Approval Form

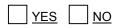
To: Principal Investigator From: Dan Nordquist, AVP/Director Date: Subject: Confidentiality / Non-Disclosure Agreement OGRD #:

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?



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

PO Box 643140, Pullman, WA 99164-3140 509-335-9661 | Fax: 509-335-1676 | ogrd@wsu.edu