

Non-Disclosure Agreement (NDA) Routing Form



Please select, as appropriate: Procurement Activity Academic Collaboration Student Design Course

GT's Employee Information: Name (as it should appear in NDA): _____

Title: _____ Email: _____ Phone: _____

Mail Code: _____ Alternate Phone: _____ Fax: _____

Company's Contact Information:

Company Name: _____

Address: _____

Technical Contact Name & Title: _____

Phone: _____ Email: _____ Fax: _____

Contract/Business Contact Name & Title: _____

Phone: _____ Email: _____ Fax: _____

Please identify the class name and number or description of the academic collaboration or what is being purchased, if applicable: _____

Will you be disclosing any proprietary/confidential information? Yes ____ No ____

If yes, identify the topic of information to be disclosed: _____

Will you be receiving any proprietary/confidential information? Yes ____ No ____

If yes, identify the topic of information to be received: _____

Are you going to disclose export controlled information? Yes ____ No ____

Are you going to receive export controlled information? Yes ____ No ____

Are there any foreign nationals working on this project? Yes ____ No ____

If yes, from which countries: _____

Estimate the Start Date (i.e. date of first meeting/planned interaction with propriety information exchange): _____

Please provide a brief description of any time constraints: _____

Term for Disclosures (i.e. how long you will need to exchange information): _____

Period of Confidentiality (i.e. how long the information should be protected): _____

Note: The period of confidentiality is normally five (5) years - the period covered in your employment agreement with Georgia Tech. A term longer than five (5) years requires 1. the approval of GTRC 2. the approval of your Lab Director/School Chair/Center Director and 3. the execution of an extension agreement in which you agree to keep the information confidential for the extended term.

I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE. I HAVE READ THE RELATED NONDISCLOSURE AGREEMENT AND WILL INDICATE TO THE ATTORNEY ASSIGNED THIS FILE ANY OBJECTIONS I MAY HAVE TO THE TERMS OF THE NDA.

Signature of PI: _____ This _____ day of _____, 2017.

- 1) The Company's contract/business contact should be authorized to negotiate and approve changes to the NDA on Company's behalf.
- 2) If neither side is planning to disclose proprietary/confidential information, an NDA is not necessary.
- 3) Neither the finalized NDA nor this form is proprietary/confidential as they are subject to the Open Records Act.

The above-requested information is necessary; failure to fully complete and/or sign this form may cause a delay in processing your request.

Please either fax the completed and signed form to 404.894.3120 or email it to asklegal@gatech.edu.
Please call 404.894.4812 or email asklegal@gatech.edu for assistance and/or questions regarding the form.