| Confidentiality agreement request form | | | | |
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| ASU PI Information | | | | |
| Name: **Valerie Garcia** | | | | |
| Department: **UTO** | | | | |
| Phone: **480-727-2519** | | | | |
| Email Address: **valerie.marie.garcia@asu.edu** | | | | |
| Campus Address: **1551 S. Rural Road.** | | | | |
| City: **Tempe** | | State: **AZ** | | ZIP Code: **85281** |
| Outside party Information | | | | |
| Outside Party Name (Organization): | | | | |
| Point of Contact Name: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Outside Party Address: | | | | |
| City: | | State (or Country): | | ZIP Code: |
| Outside party Information (Additional) | | | | |
| Outside Party Name (Organization): | | | | |
| Point of Contact Name: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Outside Party Address: | | | | |
| City: | | State (or Country): | | ZIP Code: |
| Type of disclosure | | | | |
| One Way (ASU to Outside Party) | | One Way (Outside Party to ASU) | | Mutual |
| purpose of the agreement | | | | |
| Evaluating Outside Party’s Interest in (select all that apply) - | | | | |
| Acquiring Rights to ASU Inventions (list): | Sponsoring Research Relating to (describe): | | Engaging in Discussions Regarding a Collaboration Relating to (describe): | |
| Other (describe): | | | | |
| Description of information to be disclosed by asu | | | | |
| Description: **ASU current state information regarding technology** | | | | |
| AzTE Tech ID (if applicable): | | | | |
| Description of information to be disclosed by outside party | | | | |
| Description: **Best Practices in technology** | | | | |
| Description of information to be disclosed by outside party (Additional) | | | | |
| Description: | | | | |
| Preferred Term of Agreement | | | | |
| Preferred Start Date: **10/23/19** | | | | |
| Length of Information Exchange (typically one year): **3** | | | | |
| Preferred confidentiality obligation period | | | | |
| Length of Time Information is to be Held in Confidence (typically three years): **3** | | | | |