Request to Draft a Confidential Disclosure Agreement (CDA)
or a Nondisclosure Agreement (NDA)

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| Section A – Project Contact Information |
| Collaborating Organization: |   |
| Organization’s Primary Project Contact: |   |
| Address: |   |
| Phone: |   |
| Fax: |   |
| Email: |   |
| UM’s Primary Project Contact: |   |
| UM Position Title: |   |
| UM Department: |   |
| Phone: |   |
| Fax: |   |
| Email: |   |
| Section B – Nature of Agreement Requested |
| Project Title: |   |
| Confidential Information to be Disclosed by: | [ ] University of Mississippi[ ] Collaborating Organization[ ] BOTH |
| Scope of the Agreement: DESCRIPTION OF CONFIDENTIAL OR PROPRIETARY SUBJECT MATTER  |

For more information or assistance, contact ORSP Division of Technology Management

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