| Confidentiality agreement request form |
| --- |
| 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)  | [x]  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): | [x]  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** |