**Request to Draft A Nondisclosure Agreement (NDA)**

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| **Section A – Project Contact Information** |
| **COLLABORATING ORGANIZATION:** Click or tap here to enter text. |
| **ORGANIZATION’S PRIMARY PROJECT CONTACT:** Click or tap here to enter text. |
| **ADDRESS:** Click or tap here to enter text. |
| **PHONE:** Click or tap here to enter text. |
| **FAX:** Click or tap here to enter text. |
| **EMAIL:** Click or tap here to enter text. |
| May OTC Directly Contact Collaborating Organization**? Y/N** NoYes |
| **UM’S PRIMARY PROJECT CONTACT:** Click or tap here to enter text. |
| **UM Position Title:** Click or tap here to enter text. |
| **UM DEPARTMENT:** Click or tap here to enter text. |
| **PHONE:** Click or tap here to enter text. |
| **FAX:** Click or tap here to enter text. |
| **EMAIL:** Click or tap here to enter text. |
| **Section B – Nature of Agreement Requested** |
| **Project Title:** Click or tap here to enter text. |
| **Confidential Information To Be Disclosed By:**  University of Mississippi Collaborating Organization Both |
| **HAVE Previous Discussions With The Collaborating Organization Already Taken Place?**  No  Yes: If so when: Click here to enter text. **Was any UM related IP discussed (Patents, Research Disclosure, etc.)?** Click here to enter text. |
| **Scope Of The Agreement: Description Of Confidential Or Proprietary Subject Matter**  Click or tap here to enter text. |

**For more information or assistance, contact ORSP: Office of Technology Commercialization**

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