

## Confidential Disclosure Agreement Request Form

A. Principal Investigator Information
Principal Investigator:
College/Department:
Email:
Link Blue ID:

B. Who is Disclosing and/or Receiving confidential information?
<p>Check One:</p> <p style="margin-left: 40px;">             UK is only receiving information <span style="float: right;"><input type="checkbox"/></span>              UK is only disclosing information <span style="float: right;"><input type="checkbox"/></span>              UK is BOTH receiving and disclosing information <span style="float: right;"><input type="checkbox"/></span> </p>

C. Description of confidential information to be discussed:

D. Description of purpose:

E. Information Ownership	
If confidential information is being disclosed by the University of Kentucky is the confidential information owned solely by the University of Kentucky	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Other Party Information
Name of Other Institution:
Contact Information for Other Party's Contracting Office (Name, Address, Email, telephone):
Contact Information for Other Party Researcher (Name, Department, Address, Email, telephone):

Please return this form to Natalie McCormick, Senior Contracts Coordinator at UK Innovate:  
[natalie.mccormick@uky.edu](mailto:natalie.mccormick@uky.edu)