

REQUEST FOR CONFIDENTIAL DISCLOSURE AGREEMENT (CDA)

University of Virginia

Please provide the following information for the Department and Faculty Member who will be disclosing and/or receiving confidential information.

Department:

Faculty Member:

Organization

Please provide the following information for the recipient/disclosing organization who will be exchanging confidential information with the University of Virginia.

Organization:

Point of Contact:

Address:

Telephone Number:

Email:

Additional Information

1. Who is disclosing and/or receiving the confidential information?
Check one: UVA is only receiving information
 UVA is only disclosing information
 UVA is both receiving and disclosing information
2. What is the subject matter of the discussions?
3. What is your expected relationship with the organization?

Notes

1. A CDA must be in place before providing or receiving confidential information with the organization.
2. As a Faculty Member, you may be required to sign the CDA; however, you are not authorized to sign the CDA on behalf of the University of Virginia.
3. By signing this form you: (a) acknowledge and agree that you will comply the terms of the CDA and; (b) certify that an appropriate plan is in place for maintaining the confidentiality of any confidential information transferred to UVA.

Signature of Faculty Member