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                          Stewart P. Craig
__________________________________________  __________________________
Date                                                Date