

CONFIDENTIALITY DISCLOSURE AGREEMENT QUESTIONNAIRE

In order to expedite and facilitate reaching an agreement, and at the same time to act in your best interest, in conjunction with the university, it is necessary to receive the following information. Please complete as fully as possible.

COM RO Use Only
Huron ID: _____

RECIPIENT INFORMATION AND DISCLOSURES. Please complete the below questions as it pertains to the information being exchanged.

Organization Name: _____

Organization Contact Name: _____ **Email:** _____

DETAILS ABOUT INFORMATION TO BE DISCLOSED. Please complete the below questions as they relate to the information to be exchanged.

- Are you receiving or sending information? Check all that apply.
 Receiving Sending Both
- What type of information will be exchanged? Check all that apply.
 Technical Information Business Information
 Other: _____
- Will any third party or vendor use or access UCF data under this agreement? Yes No
If YES, who is the third party? _____
Will data be highly restricted, restricted, or unrestricted under UCF [4-008](#)?

Describe the need for the confidential information exchange:

In general terms, described the confidential information to be disclosed. Do not include actual confidential information here.

Please list the names of individuals at UCF who will need access to disclosed information:

ADDITIONAL COMMENTS. Please provide any additional comments that may be helpful in the review of this CDA.

PRINCIPAL INVESTIGATOR CERTIFICATION

By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current university, state, and federal regulations and policies.

PI Name (Typed):		PI Signature:	
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