Approval Form

To: Principal Investigator
From: Dan Nordquist, AVP/Director
Date: __________
Subject: Confidentiality / Non-Disclosure Agreement
OGRD #: _____________

Please review with great care the attached agreement and indicate your approval and understanding of the terms and conditions by signing below. In your review, pay particular attention to
1. the definition of confidential information;
2. the particular communication restrictions and information management responsibilities; and
3. the duration of the obligations.

The attached agreement is not considered binding until fully executed by the authorized signatories of both parties. OGRD will not sign the agreement on behalf of WSU without PI/Co-I and Chair/Director/Dean approval.

I have read and understand the obligations contained in the attached agreement.

_________________________________    ______________________________ 
Principal Investigator     Chair/Director/Dean
Name:       Name:  
Date:       Date:

_________________________________ 
Co-Investigator
Name:  
Date: 

_________________________________ 
Co-Investigator
Name:  
Date: 

Return a signed copy of this form to OGRD.
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