

Evaluator Information
WSU Innovation Assessment Center
Center for Entrepreneurial Studies

Reference Code: _____

Name: _____

Address: _____
Street/P.O. Box

City/State/Zip: _____
City State Zip

Phone No.: _____

E-mail address: _____

Major/Degree: _____ Graduation Date: _____

Other Areas of Expertise: _____

NON-DISCLOSURE AGREEMENT

I agree that, in consideration for access to information regarding ideas and inventions submitted to the WSU Innovation Assessment Center, College of Business, Washington State University, I will:

1. Keep all information relating to the ideas and their evaluations in strict confidence.
2. Make disclosures of the information solely to individuals who have signed a non-disclosure agreement with the Innovation Assessment Center and who are authorized by the organization to receive the information.

I will also not make any contact or agreement with the owner or inventor of any idea submitted for evaluation without prior approval of the Dean of the College of Business, Washington State University, or his or her designees.

Signature

Date