**Tennessee Board of Regents**

## COPYRIGHTABLE WORK DISCLOSURE FORM

**Attach additional sheets as needed.**

**1. Title of the Work:**

**2. Author information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nature of Contribution:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nature of Contribution:

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Nature of Contribution:

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Nature of Contribution:

**3. Funding**

Please indicate any source of funding associated with the research leading to the work:

**ٱ Federal Government ٱ External, other than Federal Government**

**ٱ Internal ٱ None**

If the work was created wholly or in part as a result of external funding, please provide the following information:

Sponsoring Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract or Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a copy of the contract associated with the external funding.

**4. Other support**

For each of the inventors, were you specifically assigned to work on the invention by your supervisor? Did you work on development of the invention during your normal work hours?

Has the Institution provided support to the development of the invention by providing resources, materials or access to facilities and equipment? If yes, please describe.

**5. Description of the Work**

Briefly summarize the nature of the Work. Describe any commercial potential you see for the Work.

**6. Potential Licensees**

Please list any companies, and contacts within those companies, if known, which you believe might be interested in licensing this work:

**Author 1 Signature and date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Author 2 Signature and date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Author 3 Signature and date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Author 4 Signature and date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed and concur with the information contained in the statement.

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Department Chairman Signature and Date

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Dean of Author’s School Signature and Date

**ALL INFORMATION CONTAINED HEREIN IS CONSIDERED CONFIDENTIAL INFORMATION OF THE TENNESSEE BOARD OF REGENTS.**