**HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION**
**P.O. Box 1185**
**Arcata, CA 95521-1185**

CONFIDENTIALITY AGREEMENT
RESTRICTED USE OF PROPRIETARY INFORMATION
and
CONFIDENTIAL DISCLOSURE

I hereby acknowledge that, due to my employment with that project known as "_____" which is administered within Humboldt State University Sponsored Programs Foundation, the employer, I may have access to or may of necessity be provided with, Confidential and/or Proprietary information.

1. I understand that Confidential Information is not to be either copied by me or repeated to others by me, nor is it for my personal use.

2. I understand that Proprietary Information, including trade secrets, is owned by others and is not to be copied by me or repeated to others by me, nor is it for my personal use.

3. I understand that Proprietary Information and/or Confidential Information will typically be so marked whenever possible.

4. I understand that if any Proprietary Information or Confidential Information is orally disclosed to me it shall be deemed to be disclosed in confidence, just as if it had been transmitted to me under the mark of "Confidential.-

5. I agree to keep all Proprietary Information and all Confidential Information in strict confidence during the course of my employment and for five (5) years after my employment ends for any reason.

6. In my employment with the project named above, should I have any of my own Proprietary or Confidential information which needs to be transmitted to the project, I agree to inform the project director in writing of that need prior to such transmittal.

7. If, during the course of my employment with the above-named project, I should develop, solely or jointly with others, inventions or material subject to patent or copyright whether or not sought or acquired by Humboldt State University Foundation while using the project's time or resources, such invention or inventions and such material shall belong to the employer and shall be subject to the employer's Intellectual Property Policy and to this agreement as well.

8. I have read and I understand the employer's Intellectual Property Policy, and I have been provided a copy of same.

_____ _____
EMPLOYEE SIGNATURE DATED

_____ _____
PROJECT DIRECTOR SIGNATURE DATED

Signed original of this form to be given to HSU Sponsored Programs Foundation.
Distribution: Original-HSUSPF, Canary-Employee, Pink-Project Director