

UNIVERSITY OF ALASKA TECHNOLOGY DISCLOSURE

Case No. (for office use only)

Submit completed form to: Intellectual & Licensing Office, 212 WRRB, Box 7270

Instructions on Reverse

1. TITLE OF TECHNOLOGY

2. **PLEASE ATTACH DETAILED DESCRIPTION OF TECHNOLOGY**

3. INVENTOR(S)/AUTHOR(S)	POSITION	DEPT./LOCATION & PHONE	EMAIL ADDRESS
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4. Was this technology developed with the use of any research grant/contract funds? YES NO
 CONTRACT/GRANT NO(S) _____ SPONSOR(S) _____ PROJECT NO(S) _____ PRINCIPAL INVESTIGATOR _____

5. If no contract or grant, was there use of UA funds or facilities? YES NO

6. DATES OF CONCEPTION and PUBLIC DISCLOSURE (accurate data is essential as prior disclosure may affect the possibility of obtaining patent rights)	DATE	REFERENCES/COMMENTS Please include names of periodicals/journals (use separate sheet if necessary)
A. Date of conception of invention. Has this date been documented? If so, where?		
B. First publication containing sufficient description to enable a person skilled in this field to understand and to make or use the invention (include theses, and the date submitted).		
C. First public oral disclosure of invention sufficient to enable a person skilled in this field to understand and to make or use the invention.		
D. If unpublished and undisclosed, provide the anticipated publication or oral disclosure date and any submissions made for potential publication.		

7. Has the invention been reduced to practice? YES NO If yes, please give date of first reduction to practice _____.

8. Please attach list of advantages of the technology over currently available technology and the potential commercial applications of the invention.

9. Please attach list of any businesses that may be interested in this technology (provide as much detail as possible).

10. I hereby declare that all statements made herein of my own knowledge are true.

I (We) hereby agree to assign all right, title and interest to this technology to UA and agree to execute all documents as requested, assigning to UA our rights in any patent or copyright application filed on this technology, and to cooperate with UA in the technology's protection. UA will share any royalty income derived from the technology with the inventor(s)/author(s) according to its regulations.

Inventor's/Author's Signature Date

Inventor's/Author's Signature Date

Home Address

Home Address

Social Security No. (required) Country of Citizenship

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Home Address

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Social Security No. (required) Country of Citizenship

Social Security No. (required) Country of Citizenship

Signature of Dean (attest to financial support) _____ Date _____

Signature of Unit Executive Officer _____ Date _____

Technology disclosed to and understood by:

Signature of Noninventor Witness _____ Date _____

Name and Title of Witness (please print or type)