# Appalachian State University

Disclosure Form for Copyright Ownership Determination

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Please submit the completed form via email to:

## ip@appstate.edu

## Submit a hardcopy with original signatures to:

IP Council

## C/O Office of Research Protections

376 John Thomas Building

Appalachian State University

## Boone, NC 28608

**For the sake of readability, hand written disclosures will not be accepted.**

Questions?

Email IP@appstate.edu or call (828) 262-2692

## I. General Information

Identify all Creators of the work (author, artist, director or others who have a direct stake in copyright ownership) below and obtain signatures. Please attach an additional copy of this page if needed.

**Primary Creator’s Name (Primary Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent Share of Creator Royalties: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: [ ]  Faculty [ ] Staff [ ] Student [ ]  Other (describe):

Additional Creator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent Share of Creator Royalties: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: [ ]  Faculty [ ] Staff [ ] Student [ ]  Other (describe):

Additional Creator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent Share of Creator Royalties: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: [ ]  Faculty [ ] Staff [ ] Student [ ]  Other (describe):

1. Have any students and/or other University employees been involved in this work?

 [ ]  Yes [ ]  No

(If yes, should the individual(s) be included as co-Creator?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Description of Work**

Title of work:

When was the work created?

What is the medium of the work?

Write a brief descriptive abstract describing your work and the purposes for which it may be used.

Is this work complete? If no, when is the estimated date of completion?

Was the work created for or used as a component of an App State course?

What research plans do you have for further development of the work? Are plans in progress? Scheduled? Are plans dependent upon commercial or federal sponsorship?

What are possible applications for the work? In addition to immediate applications, are there other or means of distribution that might be realized in the future (i.e., other contemplated forms of the work or alternate aspects/uses)?

Do supporting records exist? [ ]  Yes [ ]  No

Give reference numbers and physical location or explanation of electronic records, but do not enclose:

**III. Disclosures**

1. Have you published, submitted, prepared or publicly presented data, theses, reports, abstracts or journal articles pertaining to the work? Please list these disclosures with actual or projected publication dates and attach copies, if possible. If disclosed to specific individual(s), please give name(s).
2. Has the work been disclosed to industry representatives? Has any progress been made toward the commercialization of this work?
3. Has there been any public use or sale of products embodying the work?

[ ]  Yes [ ]  No

# IV. Resources and Funding

# What university resources (e.g., materials, facilities, employee time and effort) were used in the development of the work?

1. List any funding (internal and external) sources and associated information below. Please attach a copy of any contract or agreement and fill in any associated information below:
2. Contact or Grant #:
3. Name of Sponsor:
4. State or Federal Appropriation:
5. Internal grant (URC, Innovation, etc.):
6. Amount of award:
7. Please list all relevant ASU Account Numbers:
8. Have any materials or confidential information belonging to another institution or company been used in the conception or development of the work? (e.g., materials received from colleagues at ASU or another institution)

[ ]  Yes [ ]  No [ ]  Not Sure

If so, please include the following information:

 Description of Material or Information:

 Institution providing the Material or Information:

1. If the response to question 3 was “yes,” has a Material Transfer Agreement/Confidentiality Agreement (or License, Purchase or any other Agreement) been signed?

[ ]  Yes [ ]  No [ ]  Not Sure

**V. Goals of Creator**

|  |
| --- |
| Check any and all that apply. It is important to note that the University, at its sole discretion, may commercialize its works in any manner consistent with its mission, objectives, policies, and rules and regulations. However, the personal goals of each creator are important considerations in this process, and are therefore documented below.[ ]  I would like the University to consider commercializing this work\* via: [ ]  Copyrights to commercial entity in exchange for \_\_\_\_% stock/equity [ ]  Royalties / licensing fees[ ]  I would like the university to consider prosecution of copyright applications\*, in its name, for this work in: [ ]  The U.S., because: (*Provide rationale for request*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Internationally, because: (*Provide rationale for request*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\**I understand this will require shared ownership with the University or full ownership by the University.*[ ]  I would like the University to release the intellectual property rights for this work to me.[ ]  Other, describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Send completed and signed forms to** **IP@appstate.edu****. If you have questions, please contact Robin Tyndall at** **tyndallrs@appstate.edu** **or** **compliance@appstate.edu****.**