**UCF Office of Technology Transfer**

IP#

Internal use

**Copyright Disclosure Form**

Please submit the completed WORD DOCUMENT to your college’s respective technology manager using the contact information found on [tt.research.ucf.edu/find-ip-team](http://tt.research.ucf.edu/find-ip-team/)

*With the exception of the signature pages, please do not submit this document as a PDF. Only submit Word documents.*

1. **Type of work** (more than one selection may be applicable, e.g. for multimedia work)**:**

**☐ Nondramatic Literary Work** (Fiction, non-fiction, poetry, textbooks, reference works, directories, catalogs, advertising copy, compilations of information, computer program, training manual, game instructions, predominantly textual comic, secured tests, speeches, dissertations, theses)

**☐ Performing Arts** (Musical and dramatic works, choreographic works, motion pictures, and other audiovisual works, including computer program screen outputs)

**☐ Sound Recording**

**☐ Visual Art** (Paintings, sketches, drawings, sculptures, maps, photographs, scale models, jewelry designs, fabric designs, game pictorial matter, advertisements, product labels, artwork applied to clothing, cartoons, dolls, holograms, computer and laser artwork, posters, record jacket artwork, technical and mechanical drawings, architectural drawings or plans, blueprints, diagrams)

**☐ Architectural Work** (Original building design created as constructed building or architectural plans, models or drawings)

**☐ Uncertain of the Type** Describe:

1. **General Character of Work** (E.g. instructional DVD series, downloadable computer program):
2. **Title of Work:**

If the individual work titled above is a contribution to a periodical or a collection of various works, please provide the title of the collection:

1. **Date of Completion** (Month/Day/Year):
2. **Creator Information**

Note: Please complete all creator fields in their entirety.

**IMPORTANT: Department designation is used for credit reporting and future royalty revenue distributions. Please list departments responsible for your salary and percentages if more than one department shares costs. If you are a graduate student, please list the department(s) conferring your degree and the department providing your financial support.**

1. **UCF Authors/Creator(s)**

**LEAD Creator:**

Full name (*Last, First*):

Department:

Title:  **Faculty  Student  Post Doc**

Country of Citizenship:      

Work Address:

Home Address:      

Phone Number:

Email:

**Specific contribution to Work** (i.e., text, photograph, artwork)

**Additional UCF Author(s) / Creator(s):**

Full name (*Last, First*):

Department:

Title:  **Faculty  Student  Post Doc**

Country of Citizenship:      

Work Address:

Home Address:      

Phone Number:

Email:

**Specific contribution to Work** (i.e., text, photograph, artwork)

Full name (*Last, First*):

Department:

Title:  **Faculty  Student  Post Doc**

Country of Citizenship:      

Work Address:

Home Address:      

Phone Number:

Email:

**Specific contribution to Work** (i.e., text, photograph, artwork)

1. **Non-UCF Author(s) / Creator(s) (if any):**

Full name (*Last, First*):

Company Name:      

Title:

Country of Citizenship:

Work Address:      

Home Address:      

Phone Number:

Email:

**Specific contribution to Work** (i.e., text, photograph, artwork)

Full name (*Last, First*):

Company Name:      

Title:

Country of Citizenship:

Work Address:      

Home Address:      

Phone Number:

Email:

**Specific contribution to Work** (i.e., text, photograph, artwork)

*Need more space to include additional authors / creators? Please provide their information as an attachment.*

1. Are there any authors/creators whose contribution was anonymous or pseudonymous? Yes  No
2. Are there any authors/creators who are no longer living?Yes  No  If yes, please identify and provide year of death:
3. Is any part of the Work derived or based upon a pre-existing work or does it contain any pre-existing materials or information from one or more outside sources? Yes  No  If yes, please list:
4. Have copies of this Work been publicly distributed or given to another for purposes of distribution to the public?
5. **Financial support / contract identification (VERY IMPORTANT – FAILURE TO INCLUDE THE APPROPRIATE**

**FINANCIAL SUPPORT ASSOCIATED WITH YOUR WORK COULD INVALIDATE YOUR PATENT IF ISSUED):**

*Identify the specific grant, UCF project number, and the external sponsors (governmental agencies, industrial sponsors, private agencies, or others) which provided support used to defray the costs related to the creation of the Work. This information is needed to determine whether this Work is subject to the terms of sponsorship. (E.g. UCF Project #XXXXXXXX; NIH Award #R01XX055555).*

1. **List any and all existing agreements regarding this Work:**

*E.g.: sponsorship agreements, commissioned work agreement, confidential disclosure agreements, consulting agreements, material transfer agreements, visiting artist’s agreements or other agreements which are in place.*

1. **Commercialization of the Work:**

*What do you see as the commercial avenue for the Work?*

1. **Potential licensees:**

*What firms/companies do you think may be, or are, interested in the Work and why?*

**CERTIFICATIONS:**

I (we), undersigned hereby disclose to the Intellectual Property Committee of the University of Central Florida a creative work, which I (we) believe to be original and of which I (we) certify that I am (we are) the sole author(s)/creator(s).

I (we) request that the Intellectual Property Committee determine whether the University of Central Florida wishes to join in the registration and commercial exploitation of this Work.

I (we) authorize the Intellectual Property Committee to consult the opinion of professional agencies, attorneys, and/or experts in the area with which this Work is concerned in order to determine its feasibility and commercial potential.

I (we) further certify that this disclosure is made in good faith and of my (our) free will, and all statements made herein are true and correct to the best of my (our) knowledge and belief.

Signatures of all parties claiming authorship of and/or rights to this Work (minors require counter signature by parent or legal guardian):

**SIGNATURES OF AUTHOR(S)/CREATOR(S):**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

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**Date Signature Printed Name**

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**Date Signature Printed Name**

**WITNESSES:**

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**Date Signature Printed Name**

**SUPPORTING SIGNATURES:**

**Supervisor(s) of Author(s)/Creator(s)**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date Signature Printed Name**

**Chair of Intellectual Property Committee**

**\_  \_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature Printed Name**

**Associate Vice President for Research and Commercialization**

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