

When completed, submit to:
Director
MIT Technology Licensing Office
Room NE25-230
(617) 253-6966

Case No. (this space
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MASSACHUSETTS INSTITUTE OF TECHNOLOGY

REQUEST FOR STATEMENT OF NO SIGNIFICANT USE OF M.I.T. FACILITIES OR FUNDS OR WAIVER OF M.I.T. OWNERSHIP RIGHTS

A. Title: _____
Please check one or more items as appropriate:
Software: ___ Invention: ___ Thesis: ___ Maskwork: ___ Biological or other tangible material: _____

Date of **conception** or **reduction to practice** (accurate data is essential as prior disclosure may affect the possibility of obtaining patent rights):
Date: _____ Reference/Comments: _____

Description of Technology:
A detailed description of this technology must be attached to this Form.

PLEASE LIST ALL INVENTORS/AUTHORS:

| Name | Position | Department | M.I.T. room # |
|------|----------|------------|---------------|
| | | | |
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If necessary, add additional sheets to list all inventors/authors.

B. The undersigned request(s) that M.I.T. agree that (check one):

___ (i) M.I.T. claims no rights in the technology/manuscript described below as it now exists, because the undersigned has/have developed this technology/manuscript without sponsored research funds and without significant use of M.I.T. facilities or M.I.T. administered funds; or

___ (ii) M.I.T. waive its ownership rights in the technology/manuscript described below for the following reasons (please fill in):

C. The undersigned know(s) of no commitment, such as to an industrial or government sponsor or to any additional person or entity, that would inhibit M.I.T.'s ability to carry out its responsibilities under M.I.T. policies or to third parties.

PLEASE PROVIDE THE FOLLOWING INFORMATION:
Sponsorship Sources (if any): _____
M.I.T. facilities/equipment utilized: _____
M.I.T. Funds: _____
Other Funds: _____
If thesis, whether manuscript served as a Final or Interim Report under a sponsored research contract: _____

D. It is the understanding of the undersigned that, if this request is granted, M.I.T. will make no claim to this technology with the exception of its right to distribute these. In addition, the undersigned understand that if this technology is reduced to practice or otherwise further developed by any of the undersigned making significant use of M.I.T.-administered funds or facilities, M.I.T. may assert further rights in accordance with M.I.T. policies. The attached disclosure information is complete and includes all relevant material associated with this technology that is the subject of this request.

E. Inventor/Author Signatures:

Date: _____ Signature: _____
Name (print): _____
Address: _____
Phone: _____

Date: _____ Signature: _____
Name (print): _____
Address: _____
Phone: _____

Date: _____ Signature: _____
Name (print): _____
Address: _____
Phone: _____

Date: _____ Signature: _____
Name (print): _____
Address: _____
Phone: _____

IF NECESSARY, ADD ADDITIONAL SHEETS TO LIST SIGNATURES OF ALL INVENTORS/AUTHORS

F. Request for Approval Endorsed By:

I have reviewed this technology with the inventors/authors and am familiar with the circumstances of its development. I have read and specifically confirm to the best of my knowledge the veracity of the assertion set forth in paragraph A and C above:

Department Head/Laboratory Director Signature: _____

Date: _____ Name (print): _____