**Please return a signed original hard copy to**

**Office of Technology Commercialization, EINNV 1.1.66**

**University of Texas Rio Grande Valley (UTRGV)**

**Office of Technology Commercialization (OTC)**

**Copyright Disclosure Form for Creative Works (CDF)**

**Please read this section before completing this form, and contact us with any questions.**

1. This form is to be used for creative works such as Animations, Audiovisual Works, Banner Advertisements, Commercials (video/audio), Concert Videos, Documentaries, Motion Pictures, Multimedia Works, Powerpoints, Slide Presentations, Television Shows, Videos.
2. **The information provided using this form should be as complete as possible.** Please complete each section of the document. If certain questions or statements do not apply, please state “N/A” or “None.” Each section of the form expands and you should provide as much detail as possible including supporting material, draft manuscripts, research reports, presentations, etc. Also include at least one (1) copy of the media itself, on a portable drive. **\*Please note\***: our office cannot review incomplete/unsigned CDFs, or materials submitted without this form (e.g., just a copy of a publication or of the media). We will return such CDFs to you for completion and resubmission.
3. **Public disclosures** (such as publication of a movie) somewhat affect one’s ability to register copyrights. Some legal options for handling infringement of copyrights might be lost due to a prior public disclosure. \***Important\***: ideally, the CDF should be submitted to the OTC before any publication of the media. If you are planning to publish or present your work, please make sure to inform our office well in advance of any upcoming deadlines. It is very difficult to accommodate last-minute requests.
4. **Submission of a completed, signed CDF** along with a copy of the media is a first step in disclosing your invention to UTRGV. Our office will stay in touch and guide you through the entire process. You can also obtain some additional information at our website. **\*Please note\***: Submission of an CDF does not mean your media is protected and has a registered copyright! It is protected only if and when an actual copyright application is filed.
5. **One original hard copy of the CDF signed in ALL necessary places by ALL contributors, along** **with a copy of the media**, must be delivered to OTC, at LAMR.E 2.103, Edinburg campus, either in person or by campus mail. (We are required to have an original signed hard copy in our files.) In addition, an electronic version of your CDF and all supplementary materials should be emailed to OTC@utrgv.edu.
6. You can reach us by phone or email, or schedule an appointment in person:

Office of Technology Commercialization, EINNV 1.166

Email: [OTC@utrgv.edu](mailto:ort@utrgv.edu)

Checklist for submission:

* All sections of the form filled out. Include supporting documents and expand section to be as complete and detailed as possible.
* Form signed (in all places needed) by ALL contributors to the project.
* Assignment/work for hire page completed by each author.
* Copy of media supplied to OTC.
* Electronic copy of CDF and all supporting information emailed to OTC.

UTRGV CDF #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(To be completed by OTC)

**Section 1 Description of Media**

**Intellectual Property Description**

* 1. Title of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Has the work been published? When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Prior or Alternative Title if previously registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Title of larger work (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Series title (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  5. Contents title (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 Reporting**

**Materials from Another Source**

2.1 Does the media include any open source, creative commons, public domain, or other free media? This could include artwork, music, fonts, sound effects, etc.

\_\_\_Yes \_\_\_No

|  |  |
| --- | --- |
| If you answered “Yes” to 2.1, please identify the media: |  |
| Under what license was this media used? (Please provide a copy of the license with this disclosure.) |  |

2.2 Does the media include any non-free licensed content from third parties?

\_\_\_ Yes \_\_\_ No

|  |  |
| --- | --- |
| If you answered “Yes” to 2.2, please list all third party sources and attach copies of the licenses: |  |

2.3 Does the media include any unlicensed excerpts of other media used through Fair Use (scholarly or journalistic critique or satire)? This could include quotes, images, artwork, music, etc.

\_\_\_ Yes \_\_\_ No

|  |  |
| --- | --- |
| If you answered “Yes” to 2.3, please list all third party sources: |  |

**Export Control**

2.4 All travel to a foreign country requires a review by Export Control. In most cases, one of two licensing exceptions will cover your travel. In addition, if your project requires access to or includes the use of technical data that will be accessed by a foreign national or foreign country, that technical data might be restricted by Export Control laws and regulations. If you have questions or concerns about whether your project is subject to Export Control laws or regulations, contact the Export Control Manager at Exportcontrols@utrgv.edu for a review.

|  |  |
| --- | --- |
| Is the media likely to have any export control sensitivity, or will you be traveling to a restricted country during production?\* | \_\_\_ Yes \_\_ No |
| \*Please check “yes” if you believe the media may be subject to controlled disclosure under the United States Munitions List (defense and weaponry, explosives, spade, national security, and/or biological materials to either protect against or cause biological/chemical warfare) or the Commerce Control List (Categories: 0=Nuclear materials, facilities and equipment; 1=Materials, chemicals, microorganisms and toxins; 2=Material processing; 3=Electronics; 4=Computers; 5=Telecommunications and information security; 6=Sensors and lasers; 7=Navigation and avionics; 8=Marine; 9=Propulsion systems, space vehicles and related equipment). | |

**Section 3 Status**

**3.1** Which of the choices below best describes the developmental stage of your creative work? Please choose **one**, then provide full information in the comments section below.

\_\_\_\_\_ Basic conceptual development: working on the concept, script

\_\_\_\_\_ Production/editing begun

\_\_\_\_\_ Production/editing complete

**Comments:**

**3.2 Commercialization Information**

|  |  |
| --- | --- |
| Please list potential licensees that would be interested in commercializing the media: |  |
| Have you been approached by, or worked with, any companies regarding this media? | \_\_\_\_ Yes \_\_\_\_ No |
| If “Yes” above, please list and describe the contact(s), with names and contact information. If you have a current or past relationship with the company, please describe it: |  |

**Section 4 - Disclosures and Background Information**

**Disclosures**

4.1 Have you published your media in any of the following ways, or do you have any plans to do so? If so, please describe provide information on the publication, with date(s) and details.

|  |  |
| --- | --- |
| **Public Disclosure** | **Details and date or projected date** |
| * Manuscript/Script |  |
| * Published online (e.g., YouTube) |  |
| * Grant proposal |  |
| * Film Festival |  |
| * Segment or preview |  |
| Other publication (explain) |  |

**Background Information**

4.2 Was the disclosed media developed by UTRGV employees, or employees of UTB/UTPA prior to UTRGV? \_\_\_ Yes \_\_\_ No

If “No”, or if anyone outside UTRGV employees assisted in the development of the media, please explain.

**Section 5 - Financial Resources Used/Obligations**

**5.1 Funding Information**

|  |  |  |
| --- | --- | --- |
| If you received full or partial support during any stage of your work, or if you have acknowledged or plan to acknowledge a funding source in a publication or grant progress report in which you describe the creative work, please indicate all sources of your funding by checking the appropriate category or categories below. If you were not funded, please check None.  \_\_\_ Federal \_\_\_\_ Foundation \_\_\_\_ Industry \_\_\_\_ State \_\_\_\_ Other \_\_\_\_ None | | |
| If you checked any category other than None above, please identify below each funding source’s name and each corresponding grant, contract, or award number/ID in the corresponding column. (Please do not list UTRGV account numbers as Grant/Contract/Award numbers.) | | |
| Source name (list primary funding source first | Grant/Contract/Award Number/ID | Principal investigator |
|  |  |  |
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|  |  |  |

5.2 Do you intend to continue development of this media?

(check one) \_\_\_\_Yes \_\_\_\_No

a) If yes, are resources available through the resources listed above or through

other resources? (check one) \_\_\_\_Yes \_\_\_\_No

b Is this work the subject of a pending grant or contract proposal?

(check one) \_\_\_\_Yes \_\_\_\_No

If yes, please specify potential funding source and date funding may be received.

Funding Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6 Percent Contribution Allocation**

|  |  |  |  |
| --- | --- | --- | --- |
| Please list the name of the corresponding author/creator below (i.e., the author who is to have primary contact with OTC): | |  | |
| List ALL authors or creators (including non-UTRGV authors or creators) and the percentage of their contribution at the time of this disclosure. | | | |
| **Author (name)** | **% contribution** | | **Author’s institution (if not UTRGV)** |
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**Section 7 Assignment of Rights**

**Please enter media title here:**

***To be signed by UTRGV personnel only.***

I (we) hereby certify that all of the information set forth in this disclosure is true and complete to the best of my (our) knowledge. I (we) have also specifically reviewed and agree with the percent allocations as set forth in Part III above.

I (we) understand that the Board of Regents does not assert an ownership interest in the copyright of scholarly or educational materials, artworks, musical compositions, or literary works related to the author's academic or professional field (as described in the UT System Regents’ Rule 90101 Sec. 7). I (we) also understand that tuition-paying students own their own copyrights (unless they are funded or otherwise encumbered). I (we) choose to disclose this work to UTRGV and request that UTRGV manage it as any other university-owned intellectual property.

In consideration of employment by the University of Texas Rio Grande Valley (UTRGV) and receipt of the share of licensing revenues from the commercialization of creative works by UTRGV, I (we) agree to assign and hereby do assign, sell, and transfer to UTRGV, or in the event of a prior assignment agreement, I (we) hereby confirm the prior assignment of all of my (our) right, title, and interest to this intellectual property to UTRGV and agree to execute any additional documents as requested to effect or support assignment to UTRGV of all my (our) rights to any copyright filed on this intellectual property pursuant to the policies of the Board of Regents of the University of Texas System and the UTRGV policies on intellectual property.

I (we) agree to cooperate with UTRGV and the Office of Technology Commercialization in the protection and commercialization of this intellectual property. UTRGV will share any royalty income derived from this intellectual property with the Author(s) according to the policies of the Board of Regents of the University of Texas System, UTRGV, and the Office of Technology Commercialization.

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| --- | --- |
| Author signature and date | Author name printed |
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Signature of UTRGV representative:

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

Fernando Gonzalez

Director of Technology Commericialization

**Section 8 - Author(s) Information**

Feel free to make physical copies of a blank page if needed

|  |  |
| --- | --- |
| **Author #1** (a separate page must be filled out by each UTRGV Author) | |
| Title of creative work: | |
| Author Name: | |
| Position: | Employee number: |
| Citizenship/Visa status: | UTRGV online username |
| Primary phone number: | Home address\*: |
| UTRGV email: | Alternate email\*: |
| Describe the nature of your contribution (music, lyrics, text, musical arrangement, other) |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment  \_\_\_\_\_ Dually appointed  \_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please choose “yes” or “no” for the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ No  If you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* | |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |  |
| --- | --- |
| **Author #2** (a separate page must be filled out by each UTRGV Author) | |
| Title of creative work : | |
| Author Name: | |
| Position: | Employee number: |
| Citizenship/Visa status: | UTRGV online username |
| Primary phone number: | Home address\*: |
| UTRGV email: | Alternate email\*: |
| Describe the nature of your contribution (music, lyrics, text, musical arrangement, other) |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment  \_\_\_\_\_ Dually appointed  \_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ No  If you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* | |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |  |
| --- | --- |
| **Author #3** (a separate page must be filled out by each UTRGV Author) | |
| Title of creative work: | |
| Author Name: | |
| Position: | Employee number: |
| Citizenship/Visa status: | UTRGV online username |
| Primary phone number: | Home address\*: |
| UTRGV email: | Alternate email\*: |
| Describe the nature of your contribution (music, lyrics, text, musical arrangement, other) |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment  \_\_\_\_\_ Dually appointed  \_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ No  If you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* | |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |  |
| --- | --- |
| **Author #4** (a separate page must be filled out by each UTRGV Author) | |
| Title of creative work: | |
| Author Name: | |
| Position: | Employee number: |
| Citizenship/Visa status: | UTRGV online username |
| Primary phone number: | Home address\*: |
| UTRGV email: | Alternate email\*: |
| Describe the nature of your contribution (music, lyrics, text, musical arrangement, other) |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment  \_\_\_\_\_ Dually appointed  \_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ No  If you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* | |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |  |
| --- | --- |
| **Author #5** (a separate page must be filled out by each UTRGV Author) | |
| Title of creative work: | |
| Author Name: | |
| Position: | Employee number: |
| Citizenship/Visa status: | UTRGV online username |
| Primary phone number: | Home address\*: |
| UTRGV email: | Alternate email\*: |
| Describe the nature of your contribution (music, lyrics, text, musical arrangement, other) |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment  \_\_\_\_\_ Dually appointed  \_\_\_\_\_ Without compensation |
| If you checked “Without compensation” above, please check the following if applicable: | Did you perform any research activities at the VA for this invention? \_\_\_ Yes \_\_\_ No  If you answered No above, were you appointed to exclusively perform clinical services, attending services, or educational activities? \_\_\_ Yes \_\_\_ No |
| *By my signature below, I indicate that I agree with the percent contribution allocation as set forth in the Percent Contribution Allocation Section of the Invention Disclosure Form.* | |
| Signature: |  |
| Date: |  |

\*Please contact us to update this information if it should change. We need a valid, updated permanent residence address and means of electronic contact for purposes of revenue distributions or any other developments.

|  |  |
| --- | --- |
| **Author #6** (a separate page must be filled out by each UTRGV Author) | |
| Title of creative work: | |
| Author Name: | |
| Position: | Employee number: |
| Citizenship/Visa status: | UTRGV online username |
| Primary phone number: | Home address\*: |
| UTRGV email: | Alternate email\*: |
| Describe the nature of your contribution (music, lyrics, text, musical arrangement, other) |  |
| If you are a faculty member, please list the department and school to which you are appointed: |  |
| If you are NOT a faculty member, please list the department, center, or institute in which you are employed: |  |
| If the research leading to the invention was supported by any university-recognized centers or institutes, please list those: |  |
| Check the appropriate choice to describe your affiliation with Veterans Affairs: | \_\_\_\_\_ No VA appointment  \_\_\_\_\_ Dually appointed  \_\_\_\_\_ Without compensation |
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| Signature: |  |
| Date: |  |

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