The Disclosure and Record of Invention is an important legal document. Please take care in its preparation. Do not withhold any key elements of the invention. A complete description is essential to an enforceable patent. Submission of the Disclosure and Record of Invention Form is not the same as the filing of a patent application. NOTE: Distribution of copies of a completed form to third parties is expressly prohibited. Proprietary University information is contained in any completed form.

1. **Title of the Invention**
2. **Names, addresses, and signatures of inventors** *(attach additional page if more than two inventors)*

|  |  |  |
| --- | --- | --- |
| Print Name |  | Print Name |
| Signature |  | Signature |
| Department or School |  | Department or School |
| Building and Room |  | Building and Room |
| Address (if non-Kean employee) |  | Address (if non-Kean employee) |
| Telephone |  | Telephone |
| Email |  | Email |

1. **When did you first conceive this invention?**
2. **What is the date of the first written record** *(notebook, letter, drawing, etc.)* **of this invention?** Identify the document/s involved and location of each.
3. **When did you first successfully test this invention?**
4. **Description of the Invention**

*(Use additional pages if necessary. Sketches, photos, laboratory notebooks, and any other pertinent supporting documents should be attached to this disclosure form.)*

* 1. **Purpose**
  2. **Description**
  3. **Use**
  4. **Novel features**
  5. **Advantages**
  6. **Immediate or future applications of the invention**

1. **Identify the closest existing patents or publications to this invention of which you are aware**
2. **Planned or prior publication (of ANY kind) or oral presentation or disclosure of this invention,** *Indicate when, under what circumstances (orally, in writing, by actual use or demonstration), and to whom.*
3. **Identify contribution of any organization or sponsor outside of Kean University to the invention** *(staff, money, equipment, facilities, materials).* **If grant funding was involved, identify the grant tile, source, and value of contribution.**
4. **Did you use any biological materials provided by a third party in the course or performance of this research? \_\_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, please describe:**

1. **Potential licensees or companies to be approached:**
2. **Technically Qualified Witnesses (two required)**

**I have read and understand this invention disclosure:**

* 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

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

Print Name

* 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

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

Print Name

**Submit completed form with original signatures and all supporting documents directly to:**

Vice President for Academic Affairs

Kean University

1000 Morris Avenue

Kean Hall, 101

Union, NJ 07083

***If you do not receive an acknowledgement of receipt within 7 days, please call the Office of the Vice President for Academic Affairs at 908-737-7030***