



<b>Additional Inventor/Creator Form</b> <b>PRIVILEGED AND CONFIDENTIAL</b>	<b>ICO Use Only</b>	
	Tech ID:	Date Received:
	ICO Reviewer: Select from List	

**Title of the Invention:** (should be brief and descriptive)

**Potential Inventors/IP Creators:** (subject to legal review) *Please use "additional inventors/creators" document as required. List all potential inventors/creators. Only IU inventors/creators should sign this form.*

Full Name	Position/Title	
School:	Department/Division:	Center:
Email Address	Alternate email address	
Residential address:	Citizenship:	
Do you have an appointment with the Veteran's Administration with or without compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> External Collaborator: Company/institution:	<input type="checkbox"/> Visiting researcher: home institution:	

Full Name	Position/Title	
School:	Department/Division:	Center:
Email Address	Alternate email address	
Residential address:	Citizenship:	
Do you have an appointment with the Veteran's Administration with or without compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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<input type="checkbox"/> External Collaborator: Company/institution:	<input type="checkbox"/> Visiting researcher: home institution:	

**Certification and Acknowledgement:** (for IU contributors only).  
*Please use additional copies of this page if more signatures are required. By submitting this disclosure you agree to the following:*

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If it is determined that I am an inventor or author of the IU IP, I acknowledge that IU will need my contact information to facilitate intellectual property protection and any potential commercialization of the IU IP. I agree to promptly provide IU with any changes to my contact information. I acknowledge that failure to provide current contact information may affect IU's ability to prosecute and/or commercialize the IU IP and my ability to share in any commercialization revenue.

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