

# DISCLOSURE OF WORK FORM

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

Name and Mailing Address of Author: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title of Work: \_\_\_\_\_

Author's Nationality and Domicile: \_\_\_\_\_

Date of Any Publication of this Work: \_\_\_\_\_

Date the Creation of Work was Completed: \_\_\_\_\_

Status of Author:

(a) Employee of the University: \_\_\_\_\_

Department and position: \_\_\_\_\_

(b) Other (specify): \_\_\_\_\_

Has registration for this work or an earlier version of this Work already been made in the U.S. Copyright Office? \_\_\_\_\_

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A. List all university facilities and materials used in the development of the work(s).

Facility/material/personnel	Dates	Total Hours	Costs
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_____	_____	_____	_____
_____	_____	_____	_____
			Total Costs: _____

B. Was this work created or developed during the conduct of research that was being performed for an outside sponsor under a research grant or contract?

Yes \_\_\_\_\_

No \_\_\_\_\_

If the answer is yes, please provide:

(1) the name of the outside agency (if the Federal Government, please state which department)



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(2) full address of sponsor, including name and telephone number of contact:

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(3) the grant or contract number:

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(4) the USF grant specialist who helped you obtain the grant: \_\_\_\_\_

C. Did you or any of the authors use materials from others (such as software or manuscripts) to produce the work?

Yes \_\_\_\_\_

No \_\_\_\_\_

Enclose a copy of the Work and provide a brief statement describing (1) the work(s), (2) the circumstances under which the work(s) was developed, (3) what interest you believe the University has in the work(s), and the (4) proposed distribution of proceeds if the University waives its interest in the work(s). If the University waives its interests in the work(s), the author(s) must ensure that the University is not held responsible for any opinions expressed in the work(s).

Signature: \_\_\_\_\_  
Author

Signature: \_\_\_\_\_  
Co-Author (if appropriate)

**AFTER OBTAINING ALL REQUIRED SIGNATURES, DROP OFF THE ORIGINAL DISCLOSURE TO THE DIVISION OF PATENTS & LICENSING, OFFICE OF RESEARCH, 3802 SPECTRUM BOULEVARD, TAMPA, FL 33620 OR SEND VIA CAMPUS MAIL CODE 200.**

