



CHICAGO STATE UNIVERSITY

Intellectual Property Policy Certification Form

I acknowledge that I have reviewed and understood the **Chicago State University Intellectual Property Policy**. I understand my responsibilities under this policy, including the disclosure of intellectual property developed with CSU resources or external funding, and I agree to comply with all applicable requirements.

Employee Information

Full Name:	_____
Job Title/Position:	_____
Department/Unit:	_____
Email Address:	_____
Phone Number:	_____

Certification

By signing below, I certify that I have read and understood the CSU Intellectual Property Policy and agree to comply with its provisions.

Signature:	_____
Date:	_____

For Office Use Only

Received by (Name/Title):	_____
Date Received:	_____
Notes:	_____