



Per University policy 400.002P: Conflict of Interest, all University trustees and officers/senior leadership are required to disclose annually to the University any conflict(s) of interest or lack thereof related to their work with the University.

Section 1: Discloser Information (please print)

Name _____

Trustee

University Officer

Position Title: _____

Section 2: Conflict of Interest Disclosure

Please certify below that you have either no actual or possible conflict of interest to report **OR** describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to an actual or possible conflict of interest between the University and your personal interests, financial or otherwise:

I have no conflict of interest to report.

I have the following actual or possible conflict(s) of interest to report.

Please specify below any actual transactions of which you are aware between the University and any entity or person with which you have a business, investment, or family relationship (attach additional pages as needed).

1. _____
2. _____
3. _____

Section 3: Disclosure of Other Interests

For the purposes of determining possible future conflicts of interest, please also specify other nonprofit and for-profit boards on which you and/or your spouse sit, any for-profit businesses for which you or an immediate family member are an officer of director, or a majority shareholder, and the name of your employer and any businesses you or a family member own (attach additional pages as needed).

1. _____
2. _____
3. _____

Section 4: Certification

By signing below, I certify that:

- I have received a copy of the University's Conflict of Interest Policy;
- I have read and understand the policy;
- I agree to comply with the policy;
- I understand that the University is charitable and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its exempt purposes and not engage in activities and transactions that provide impermissible benefits to individuals or entities; and
- the information set forth above is true and complete to the best of my knowledge.

Signature _____

Date _____

Next Steps:

- Present this form to the Assistant Secretary of the University or Executive Assistant to the President.
- This form will be kept on file for no less than three (3) years.