

SUNY Faculty – Summer Appointment Disclosure Questionnaire

Name:(Please Print)	
Department/Office:	
Email:	
Telephone:	
As part of the onboarding process for SUNY faculty who are appointed to the Research Foundation in a summer appointment, please answer the following questions:	
Do you have a family member, relative, significant other, or member of your household working fo the State University of New York or the Research Foundation for SUNY? □Yes □No.	
If yes, list all and please provide their name(s), relationship to you, employer and department(s) in which they work:	
Do you have a family member, relative, significant other, or member of your household who is a member of the RF Board of Directors or the SUNY Board of Trustees? □Yes □No. If yes, please provide their name(s), relationship to you and Board in which they are a member:	
Signature:	
Date:	