

**Conflict of Interest**  
 Situational Disclosure Statement

Name & Contact Information	
Title	
Operating Location or Campus	Department (if applicable)

*Complete each question, if it does not apply answer no or n/a. Use additional sheets if necessary.*

Do you or any Related Party (spouse, domestic partner, significant other, dependent, member of household, or business partner) have any Financial or Other Interest that you believe may be relevant to the exercise of your duties on behalf of the Research Foundation? If so, please detail below.

---

---

---

---

---

---

---

---

---

---

I certify that the above information is true and correct to the best of my knowledge and that I have read and agree to be bound by the Research Foundation’s Conflict of Interest Policy. I further certify that I will advise the Foundation immediately upon any material change in circumstance that may occur.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date