

GANNON UNIVERSITY
CONFLICT OF INTEREST DISCLOSURE FORM

Gannon University has a Conflict of Interest policy located in the Institutional Policy Manual, Volume III. Each colleague has been presented with a copy of this policy.

1. Are you aware of any relationships between Gannon University and yourself or a member of your family as defined by the letter or spirit of this policy that may represent a conflict of interest? Yes _____ No _____

If yes, please list such relationships and the details, as well as the financial benefit to you.

2. Do you agree to notify the University if you or a member of your family receives any cash, tickets or gifts of substantial value, or special consideration from any entity or source from which the University buys goods or services or otherwise has significant business dealings?
Yes _____ No _____

3. Are you aware of any potential conflict of interest involving a Trustee, Officer or employee?
Yes _____ No _____

If yes, please list the name of the individual and the potential source of conflict.

I certify that I have read and understand the Conflict of Interest policy and the foregoing information is true and complete to the best of my knowledge. I agree to abide by the Conflict of Interest policy throughout my employment with the University.

Name _____

Signature _____

Date _____