

# College of the Holy Cross

## Conflict of Interest Disclosure Form for Administrators of the College

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

I have read and understood the College of the Holy Cross Conflict of Interest Policy.

1 Are you aware of any relationship with the College where you or any member of your immediate family (spouse or domestic partner and/or dependent children) have a significant financial interest or significant management function that may represent a conflict of interest under the letter or spirit of this policy?

Yes  No If yes, please describe (use page 2 if additional space is need):

2 Within the past year, have you or any member of your immediate family (spouse or domestic partner and/or dependent children) received any gifts or loans in an amount greater than \$150.00 from any source with which the College does substantial business or from any person, organization or entity seeking association with ,or business from, the College?

Yes  No If yes, please describe (use page 2 if additional space is need):

3 Do you or any member of your immediate family (spouse or domestic partner and/or dependent children) hold any positions outside of the College which may give rise to real or perceived conflicts of interest because knowledge or information confidential to the College may benefit your or a family member or an organization or entity with which you are affiliated?

Yes  No If yes, please describe (use page 2 if additional space is need):

4 Is there any other information that you believe requires disclosure under the letter or spirit of this policy?

Yes  No If yes, please describe (use page 2 if additional space is need):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head: \_\_\_\_\_

Dir. Administrative Services \_\_\_\_\_

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