

**DAEMEN COLLEGE  
CONFLICT OF INTEREST  
DISCLOSURE FORM**

{Print:}

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

I have read the College's Conflict of Interest Policy and recognize that as an Officer or Employee of Daemen College, I occupy a position of trust with respect to the institution and have an obligation to discharge my duties with good faith, diligence, fidelity and loyalty.

In accordance with that Policy, I wish to disclose the following situation(s) which may (1) constitute an actual or potential conflict of interest not previously disclosed, or (2) involve a potential violation of the College's accounting, internal control, and/or auditing practices\* :

I have attached any materials related to this situation that I think will assist in the evaluation of whether or not it does present a conflict of interest or commitment.

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

Received by:

\_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

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\* This Form may be submitted anonymously with the Trustee Audit Committee.