

**DAEMEN UNIVERSITY
CONFLICT OF INTEREST STATEMENT**

{Print:}

NAME _____ POSITION _____

DEPARTMENT _____

I have read the University's Conflict of Interest Policy and recognize that as an Officer or Employee of Daemen University, 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, including the duty to disclose any actual or possible conflict of interest.

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 University'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 _____

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

ATTACHMENT B