



UNIVERSITY FACULTY AND STAFF
OF INSTRUCTION & RESEARCH
CONFLICT OF INTEREST DISCLOSURE FORM

Completed forms should be returned to Human Resources PO Box 5542.

Name:

Position:

Department:

The Conflict of Interest Policy covers members of the University community (Board of Trustees, vice presidents, executive officers, directors, faculty and staff), their spouses and children.

(PLEASE CHECK APPLICABLE BOXES BELOW. YOU MUST CHECK AT LEAST ONE BOX IN EACH PART.)

PART I:

1. I do not have any actual or potential Conflict(s) of Interest or Conflict(s) of Commitment, as defined by *Clarkson University's Conflict of Interest Disclosure Policy*.

2. I am disclosing the following actual or potential Conflict(s) of Interest, as defined by *Clarkson University's Conflict of Interest Disclosure Policy*. (Explain below and/or attach supporting documentation in an envelope marked confidential.)

3. I am disclosing the following actual or potential Conflict(s) of Commitment, as defined by *Clarkson University's Conflict of Interest Disclosure Policy*. (Explain below and/or attach supporting documentation in an envelope marked confidential.)

PART II:

4. I do not have any Significant Financial Interest(s), as defined by *Clarkson University's Conflict of Interest Disclosure Policy*.

5. I am disclosing the following Significant Financial Interest(s), as defined by *Clarkson University's Conflict of Interest Disclosure Policy*, that relate to my participation in any sponsor funded research activities.

(Check applicable boxes below and attach supporting documentation (in an envelope marked confidential) that identifies the business enterprise or entity involved and the nature and amount of the interest.)

- ___ Salary or other payment for services (e.g. consulting fees or honoraria),
- ___ Equity interests (e.g. stocks, stock options, or other ownership interests),
- ___ Intellectual property rights (e.g., patents, copyrights and royalties from such rights),
- ___ Other significant financial interests (describe):

Further, I agree:

- To update this disclosure between annual disclosures at the time the potential for a conflict is first identified.
- To cooperate in the development of a Management Plan, should one be necessary to manage, reduce, or eliminate actual, potential, or perceived conflicts of interest.
- To comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual, potential, or perceived conflicts of interest or to forfeit the award.

I acknowledge that I have read, understood, and will comply with the *Clarkson University Conflict of Interest Disclosure Policy*.

Clarkson University Conflict of Interest	
Signed: _____	Date: _____
(Original signature only - "per" signature is not acceptable)	

Disclosure Reviewed By: _____ Date: _____