

DISCLOSURE OF CONFLICT OF INTEREST

Please complete the following and return this form to your immediate supervisor.

1. Are you aware of any relationships between Florida Institute of Technology and you and/or a member of your family as defined by the letter or spirit of this policy that may represent a conflict of interest? For example, does Florida Institute of Technology purchase goods or services from a company owned in whole or part by you and/or a member of your family?

Yes No

If yes, please list or elaborate such relationships and the details of annual or potential financial benefit as you can best estimate them on a separate sheet of paper.

2. During the past 12 months, did you or a member of your family receive a gift of more than \$100.00 from any source from which the university buys goods or services or otherwise has significant business dealings?

Yes No

If yes, please list such gifts, their source, and their approximate value on a separate sheet of paper.

3. Are you or a member of your family employed by another college or university that competes with Florida Institute of Technology for students or contributions?

Yes No

If yes, please identify the institution(s) and provide the specifics of the employment on a separate piece of paper.

Name *(please type or print)* _____

Date *(please type or print)* _____

Signature _____