MISERICORDIA
UNIVERSITY

DISCLOSURE AND CONFLICT OF INTEREST FORM
FOR
TRUSTEES, INSTITUTIONAL OFFICERS, FACULTY AND EMPLOYEES

Please complete the following and return this form in the envelope provided.

1. Are you aware of any relationships with Misericordia University between yourself and/or a member of your family as defined by the letter or spirit of this policy that may represent a conflict of interest?

   _____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. Did you or a member of your family receive, during the past 12 months, any gifts or loans from any source from which the university buys goods or services or otherwise has significant business dealings?

   _____YES _____NO

   If yes, please list such loans or 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 Misericordia University for students or contributions?

   _____YES _____NO

   If yes, please evaluate the institution(s) and the specifics of the employment.

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_____ _____
Name (please type or print) Date

_____
Signature Date