

ATTACHMENT
SUNY-OSWEGO
CONFLICT OF INTEREST
DISCLOSURE FORM

NAME* _____

POSITION _____

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

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 on the part of other individuals covered by the policy.

DRAFT

_____ I have attached materials that I think will assist in the evaluation of whether the situation presents a conflict of interest.

Signature* _____

Date _____

Received by

Name _____ Signature _____

Date _____

* Reports involving potential violations by others may be submitted anonymously.