

Conflict of Interest
 Annual Disclosure Statement

Name & Contact Information	
Title	
Operating Location or Campus	Department (if applicable)

Complete each question, if it does not apply answer no or n/a. Use additional sheets if necessary.

- Do you hold any office, trusteeship, directorship, partnership or position of any type, whether or not compensated, with any firm, corporation, association, partnership or other organization other than the Research Foundation for The State University of New York (RF)? If so, please detail below.

Name of Organization and Address	Position	Description

- Does your spouse, domestic partner, dependent child, or member of household have any association with the RF, State University of New York (SUNY), or any organization that does business with the RF? If so, please detail below.

Name	Name of Organization and Address	Position/Description

- List the name of warrants, stocks, securities and other investment interests, including any interests in limited or general partnerships owned by you, your spouse, or your dependent children at time of

filing. List only the interests which amount to an ownership interest of greater than 15%. DO NOT LIST AMOUNTS.

Self/Spouse/Domestic Partner
Dependent Children

Issuing Entity

4. Do you or your spouse, domestic partner, dependent child, or member of household have any Financial or Other Interest that you believe may be relevant to or in conflict with the exercise of your duties on behalf of the RF. If so, please detail below.

I certify that the above information is true and correct to the best of my knowledge and that I have read and agree to be bound by the Research Foundation's Conflict of Interest Policy. I further certify that I will advise the Foundation immediately upon any material change in circumstance that may occur.

Signature

Date