

Wright State University Affiliated Entity Review
Conflict of Interest Disclosure Form

I have agreed to participate in the review of the following entity(ies): _____

For purposes of this review, I am providing the following representations:

Do you have any known relationship with (a) the entity being reviewed, (b) its employees or (c) any member of their families? _____

If yes, please explain. _____

Do any of your family members or business associates have any known relationship with (a) the entity being reviewed, (b) its employees or (c) any member of their families? _____

If yes, please explain. _____

Are you or have you previously been employed by the entity being reviewed? _____

If yes, please explain and include dates of employment and position(s) held. _____

Are you currently or have you previously received any type of compensation from the entity being reviewed?

If yes, please explain and include date(s) and reason for compensation. _____

Are you a current or were you previously a board member of or had a fiduciary relationship with the entity being reviewed? _____

If yes, please explain and include title(s) of any positions held on the board and the dates of board membership.

If applicable, please describe any potential or actual conflicts of interest not addressed above. _____

By signing this document, I certify that the information I have provided is a complete and accurate to the best of my knowledge. I agree to provide an update if there are any changes to the above answers during the course of the affiliated entity review.

Signature and Date

Printed Name