Potential Conflict of Interest Disclosure Questionnaire

(to be completed by Board of Trustees, Cabinet Members, and all other members of the Board of Trustees Committees)

1. Do you, or any Immediate Family members have a Financial Interest or any other interest that impairs or might reasonably appear to impair your independent, unbiased judgement in the discharge of your responsibilities to Goodwin University? If so, please explain.
   ☐ YES ☐ NO

2. Do you or any Immediate Family members have a greater than 10% ownership interest in, or serve as an officer, director, partner, agent, or employee of an entity that transacts or seeks to transact business with Goodwin University? If so, please complete the following:

   Name of entity with which you or Immediate Family members are involved:
   _____

   Entity's Address: _____

   Nature of Business: _____

   Type(s) of product(s) or service(s): _____

   Your job title of affiliation with this entity:_____

   Percentage ownership interest you/Immediate Family member have in the entity:_____

3. To the best of your knowledge and belief, are there any other relationships or circumstances that would result in a Conflict of Interest in your relationship with Goodwin University?
   ☐ YES ☐ NO

   If you answered "**yes**," please explain: _____

Capacity: ☐ Board of Trustees ☐ Board Committee Member ☐ Cabinet Member

I agree that if I become aware of any information that might indicate that this disclosure is inaccurate, I will notify the Chair of the Board of Trustees immediately.

Printed Name:_____

Signature:_____

Date:_____