

ACKNOWLEDGMENT

I _____ and officer/employee (please circle) acknowledge receipt of the Conflict of Interest and Commitment Policy for Seton Hall University and that I have read and understand the policy.

Signature

Title

Date

Effective Date:
Revised: November 2007

SETON HALL UNIVERSITY

**CONFLICT OF INTEREST AND COMMITMENT POLICY
FOR OFFICERS AND EMPLOYEES OF THE UNIVERSITY**

DISCLOSURE FORM

1. Are you aware of any relationships between Seton Hall University and yourself, a family member or a friend as defined by the letter or spirit of this policy that may represent a conflict of interest or a potential conflict of interest or commitment?

_____ No _____ Yes

If yes, please list the information in detail.

2. During the past 12 months, did you, a family member or friend receive any gifts, loans or other financial benefits from any entity or source that does business with the University?

_____ No _____ Yes

If yes, please list the information in detail.

3. Are you a member of any governing boards (public or private sector), professional associations, or organizations?

_____ No _____ Yes

If yes, please list the information in detail.

4. Are you aware of any conflict or potential conflict of interest or commitment involving another officer or employee of the university?

_____ No _____ Yes

If yes, please list the information in detail. I attest that I have read and understand Seton Hall University's Conflict of Interest and Commitment Policy for officers and employees of the University. I recognize that as an officer/employee (please circle) of the University, I occupy a fiduciary position within the University and have the obligation to discharge my duties in good faith with diligence, fidelity and loyalty to Seton Hall University.

I further affirm that the foregoing information is true and complete to the best of my knowledge.

Name (*please print*)

Title

Signature

Date

Effective Date:

Revised Date: November 2007