

Annual Conflict of Interest Statement for Dillard University

I, the undersigned, being Trustee, Office, Faculty Member or other Employee of Dillard University (“the University”) hereby state that to the best of my knowledge, except as noted below:

1. I do not have an official relationship as defined in §3.1.4 in the Dillard University Employee Code of Conduct ("Employee Code") concerning conflicts of interest with any corporation, partnership, or association that transacts business with the University;
2. I, as an individual, do not transact any business, directly or indirectly, with the University;
3. No member of my family, as defined in §3.1.4 of the Employee Code, is an employee of the University or would come within the meaning of No. 1 or No. 2 above.

List below an exceptions to the above statements:

I agree that, if any situations arise of which I am aware, which, in any way, contradict the above statement, I will immediately notify the University of any conflict, real or potential, and make full disclosure thereof. I have read the document entitled Dillard University Employee Code of Conduct, paragraph 3.0 concerning conflicts of interest, adopted by the Board of Trustees. I agree to answer any questions that the University may have with respect to any actual or potential conflict of interest.

Signature

Date

Name

Position

(Please print your name and position in the above: Trustee, Officer, Faculty Member or other Employee)

* This form will be sent to all faculty and staff members each January. It will also be available on the Dillard University website. All employees of the University must return this form, signed and dated, to Human Resources.