1. I have read and understand the Xavier University Conflict of Interest Policy. To the best of my knowledge, my activities are consistent with this policy.

2. I understand that I must disclose any conflicts of interest involving myself, family members, or associates as those terms are defined in the Xavier University Conflict of Interest Policy. During this past year, I have not been involved in any conflicts of interest unless disclosed below.

3. I understand that Xavier University is a charitable organization and that in order to maintain its Federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

4. At this time, I am disclosing the following conflicts of interest, which, to the best of my knowledge, need not have been previously disclosed. (attach additional information if necessary.)

5. I understand that this Annual Disclosure Statement is valid for one year, dating from September 1, through August 31.

Signature

Printed Name

Title or University Relationship

Date