



**CONFLICT OF INTEREST  
Annual Disclosure Statement**

***CONFIDENTIAL***

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 and the date which, to the best of my knowledge, the conflict first arose.

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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