

**CONFLICT OF INTEREST
POLICY COMPLIANCE STATEMENT**

I fully understand Gallaudet University's policy statement regarding conflict of interest and hereby agree to avoid any potential conflict between my personal interests and the interests of the institution. Further, I will avoid even the appearance of impropriety with respect to the performance of my duties, and I will never use my position or the knowledge gained on the job to inappropriately influence business decisions for my personal advantage, or for that of my family and friends.

I understand that a conflict of interest may exist if: a) I have a current or potential financial or other interest which impairs or might appear to impair my independent and unbiased judgment in the discharge of my responsibilities to the University; b) I have a business relationship with any person or firm engaging in, or seeking to engage in, business with the University; c) I am aware of an immediate family member's ownership of, interest in, or employment with a firm engaging in, or seeking to engage in, business with the University; d) I am an officer, director, trustee, partner, controlling stockholder, or employee of a firm engaging in, or seeking to engage in, business with the University; or e) I will receive a material financial or other benefit from knowledge of information confidential to the University.

Further I understand that the Education of the Deaf Act Amendments of 1992 prohibit the University from investing its Federal endowment fund corpus or income in real estate, or in instruments or securities issued by an organization in which an executive officer or a member of the Board of Trustees is a controlling shareholder, director, or owner within the meaning of Federal securities laws and other applicable laws.

Should I have a possible conflict of interest, I will make a full disclosure promptly in writing to the President of the University with a copy to my administrative officer and unit administrator and to the Personnel Office. I understand that my disclosure statement will be reviewed by a committee appointed by the President to determine if a conflict of interest exists. If it is determined that a conflict of interest exists, I understand that appropriate action will be taken to eliminate the conflict and safeguard the interests of the University. I agree that I will not participate in any University business matters in which I may have a potential duality of interest.

NAME:

Signature

Print Full Name

Title

Date

If no potential conflict exists, sign, date and return this form to the Personnel Office as soon as possible.