

**Confidential**

**CONFLICTS DISCLOSURE FORM**

The following information is disclosed as required by the [Conflict of Interests Policy](#) adopted by this Board on February 12, 2005. All terms used in this Form are as defined in the Policy. Questions arising during completion of the Form may be directed to the University General Counsel at 802-656-8585 or [general.counsel@uvm.edu](mailto:general.counsel@uvm.edu).

TRUSTEE Name: \_\_\_\_\_

**Immediate Family Members**<sup>1</sup>

Name of Family Member	Relationship

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<sup>1</sup> A spouse or civil union partner, child, parent, sibling, or such relations by marriage or civil union partnership (wherever residing), person claimed as a dependent for federal income tax purposes (wherever residing), and any relative residing in the same household as the Trustee. There may be other family members as to whom disclosure should also be made to avoid the appearance of a conflict, and doubts should be resolved in favor of disclosure.

**Affiliates of Trustee (including your occupation)** <sup>2</sup>

Name of Affiliate	Affiliation

**Affiliates of Trustee Family Members (including their occupations)** <sup>2</sup>

Name of Family Member	Affiliate	Affiliation

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<sup>2</sup> An *affiliate* includes a business, association, corporation, or other legal entity in which a Trustee or a member of his/her immediate family is a director, trustee, officer, partner, joint venturer, principal, employee, owner, and/or holder of five percent (5%) or more of voting stock or a controlling interest. In addition, an affiliate is an entity from which the Trustee or a member of his/her immediate family otherwise annually receives or has the right to receive \$10,000 or more compensation, income, or other financial consideration or value.



I hereby certify as follows:

1. I have read the Conflicts Policy.
2. The representations on this Form are accurate and complete to the best of my knowledge after exercise of due diligence.
3. I agree to conduct myself in a manner consistent with this Policy, in good faith and to the best of my ability.
4. I agree to update this Form as circumstances dictate and otherwise as annually required.

Signed and dated by me, this \_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Signature

Received and filed:

\_\_\_\_\_  
Assistant Secretary to the Board

Date:

cc: Board Coordinator, General Counsel

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