

# GOODWIN COLLEGE

## Potential Conflict of Interest Disclosure Questionnaire

*(to be completed by Board of Trustees, Cabinet Members, and all other members of Board of Trustees Committees)*

1. Do you, or any Immediate Family members have a Financial Interest or any other interest that impairs or might reasonably appear to impair your independent, unbiased judgment in the discharge of your responsibilities to Goodwin College? If so, please explain.

Yes

No

2. Do you or any Immediate Family members have a greater than 10% ownership interest in, or serve as an officer, director, partner, agent, or employee of, an entity that transacts or seeks to transact, business with Goodwin College? If so, please complete the following:

Name of entity with which you or Immediate Family members are involved: \_\_\_\_\_  
\_\_\_\_\_

Entity's Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type(s) of product(s) or service(s): \_\_\_\_\_

Your job title or affiliation with this entity: \_\_\_\_\_

The percentage ownership interest you or an immediate family member have in the entity: \_\_\_\_\_

The value of the product or service the entity provided to the College over the past year? \$ \_\_\_\_\_  
\_\_\_\_\_

3. To the best of your knowledge and belief, are there any other relationships or circumstances that would result in a Conflict of Interest in your relationship with Goodwin College?

Yes

No

If you answered "yes," please explain: \_\_\_\_\_  
\_\_\_\_\_

Capacity:  Board of Trustees  Board Committee Member  
 Cabinet Member

I agree that if I become aware of any information that might indicate that this disclosure is Inaccurate, I will notify the Chair of the Board of Trustees immediately.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_