



HLC Accreditation Evidence

Annual Conflict of Interest Form

URL:

Office of Origin: Vice President of Administration

Contact(s):

- Vice President of Administration



Annual Conflict of Interest Disclosure Form

ACKNOWLEDGMENT AND DISCLOSURE

I have read the Barton Community College Conflict of Interest Procedure presented to me and agree to comply fully with its terms and conditions at all times during my service as a College employee or member of the Board of Trustees or Foundation Board.

If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the Barton Community College President or his/her designee in writing.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following potential or actual conflict of interest to report.

1.

2.

3.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Employee or Board of Trustees Member Signature

Employee or Board Member Printed Name

Date

Reference:
§§ 200.112 *Conflict of Interest* and 200.113 *Mandatory Disclosures* (78621, Federal Register, Vol.78, No. 248/Thursday, Dec. 26, 2013/Rules and Regulations).