

ALBION COLLEGE
BOARD POLICY: RELATED-PARTY AND POTENTIAL CONFLICT OF INTEREST
DISCLOSURE LETTER

PERIOD COVERED: July 1, ____ through June 30, ____

I hereby affirm and certify that I have reviewed and I understand the Albion College Related-Party and Potential Conflict of Interest Disclosure Policy. I agree to comply with the Related-Party and Potential Conflict of Interest Disclosure Policy.

	Please check one	
Have I or any member of my Immediate Family been involved in any of the following transactions with the College? <ul style="list-style-type: none"> • An Excess Benefit Transaction (a transaction in which the College conferred an economic benefit in excess of the services or other consideration that I or an Immediate Family member gave to the College) • A loan from or to the College, or a grant or other assistance from the College (excluding normal college benefits) • A business transaction of more than \$10,000 in my case or more than \$10,000 in the case of an immediate family member • Compensation as an officer, employee, or independent contractor of the College or a related organization of the College, apart from reimbursement of expenses or reasonable compensation for services provided as a Trustee 	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
Do I or any member of my Immediate Family have a financial interest that could affect my judgment in any presently proposed transaction or series of transactions to which the College will be or is a party?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
Is any trustee or key employee a member of my Immediate Family?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
Do I or a member of my Immediate Family have a business relationship with any trustee or key employee?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
Am I aware of any other circumstances in which my personal, professional, financial, or other interests, activities, or relationships or those of any member of my Immediate Family might compete or be perceived to compete with the interests, activities, or concerns of the College, such that my decisions on behalf of the College are compromised or appear to be compromised?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO

* If you answered "YES" to any of these questions, please briefly describe the circumstances in the space provide on the second page of this Disclosure Form.

Date: _____ Signature: _____

Name and Title Printed: _____

This Disclosure Letter should be signed, dated, and returned. If there are any changes in the information you have provided in this Disclosure Certificate, please submit an updated Disclosure Letter promptly to the Vice President of Finance and Administration.

