

***Ouachita Baptist University  
Conflict of Interest Disclosure Form***

*This form is designed to identify all known or potential conflicts of interest and must be completed or updated annually by all trustees, faculty and administrative staff of the University.*

Trustee or Employee Information

Name: \_\_\_\_\_  
Position or Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

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**Have any changes occurred since you last submitted a conflict of interest disclosure form that might require disclosure?**

- \_\_\_\_\_ Yes (continue to question 1)
- \_\_\_\_\_ First time completing the form (continue to question 1)
- \_\_\_\_\_ No (skip to the acknowledgement section)

1. Are you aware of any business or personal relationships between Ouachita Baptist University and yourself or a member of your family that may represent a potential conflict of interest as defined by the University's conflict of interest policy?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

If Yes, please list all such relationships, with whom the relationship exists, and the details of the annual financial benefit or potential benefit.

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2. Are you or a member of your immediate family an officer, director, trustee, partner, employee or regularly retained consultant of any company or organization that presently has business dealings with the University or which might reasonably be expected to have business dealings in the next twelve months?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

If Yes, please list all such relationships, including the name of the company or organization and your affiliation with that company or organization.

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3. Do you or a member of your immediate family have a financial interest, direct or indirect, in any company or organization that presently has business dealings with the University or which might reasonably be expected to have business dealings in the next twelve months?

Yes  
 No

If Yes, please list the name of the company or organization and your interest in that company or organization.

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4. Have you or an immediate family member accepted gifts, gratuities, lodging, dining or entertainment that might reasonably appear to influence your judgment or actions concerning the business of the University?

Yes  
 No

If Yes, please provide details below.

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5. Do you or an immediate family member have any other relationships with any vendors, contractors, or other business entities with which the University does business or is likely to do business for which you have an opportunity to influence a related University decision?

Yes  
 No

If Yes, please provide details below.

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**Acknowledgement:**

I have read the Ouachita Baptist University Conflict of Interest Policy, understand its provisions, and am aware that it is my obligation to act in a manner which avoids conflicts of interest when making decisions and taking actions on behalf of the University.

I understand that the information provided on this form will remain confidential and will only be released as needed in the course of University business.

I acknowledge that I am required to notify the Office of Administrative Services of any perceived or potential conflict of interest that arises subsequent to filing this annual conflict of interest disclosure form.

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

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

*Each trustee, faculty and administrative staff should return this completed form to the office of Administrative Services by January 31.*

