

# Conflict of Interest Disclosure Form

## Conflict of Interest Disclosure Statement

Policy Reference: Form S1.3b

Academic Year: 2025

## Section 1: Statement of Understanding

By signing below, I affirm the following:

- I have received and read the Foundation Baptist College Conflict of Interest Policy (found on the Policy Hub).
- I understand my responsibility as a board or faculty member to avoid conflicts of interest and to disclose any actual or potential conflicts promptly.
- I understand that I am obligated to act in the best interest of the College and to recuse myself from decisions where I have a personal interest that could impair my objectivity.

## Section 2: Disclosure

Please check **one** of the following:

- I affirm that I am not aware of any actual or potential conflicts of interest.
- I disclose the following actual or potential conflicts of interest (please describe below):

## Section 3: Signature

I affirm that the information provided in this statement is true and complete to the best of my knowledge. I understand that failure to disclose conflicts of interest may

result in disciplinary action or removal from the Board.

**Name (Printed):** \_\_\_\_\_

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

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

**Submit completed form to the Board Chair or College President.**