

**Alliant International University**  
**Interim Conflict of Interest Disclosure Form**  
**Approved June 4, 2009**

Please complete this form and return it to: Jennifer Wilson, Vice President for  
Administration & General Counsel

1. What is your position with Alliant International University (“University”) (e.g. trustee, key employee, faculty member)?

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2. If you are a University employee, what is your job title and to whom do you report?

\_\_\_\_\_  
\_\_\_\_\_

3. Is a member of your immediate family (as defined in the policy) employed by the University? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, please provide the name, relationship to you and the job title and department for each such person.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you, or does a member of your immediate family, have or propose to have a financial relationship with the University, either directly or through another entity in which you or a family member has a business relationship (as defined in the policy)? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, for each such relationship, please provide the following information:

The name of the person involved (either yourself or the family member) and his/her relationship to you.

\_\_\_\_\_  
\_\_\_\_\_

The name of the entity.

\_\_\_\_\_  
\_\_\_\_\_

The nature of your or the family member’s interest in the entity (e.g., employment, board member, ownership interest, consultant) and the approximate monetary value, if any, of that interest.

\_\_\_\_\_  
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The entity's business or financial relationship to the University (e.g. supplier of goods or services).

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The dollar value of this relationship (e.g. the cost to the University of the goods or services).

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The date this relationship was established.

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Who, if anyone, approved and monitors this relationship of behalf of the University?

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5. Please list below any organization in which you serve as a director, trustee, employee or other agent at the University's request or as the University's designated representative. In each case, please indicate any compensation (in whatever form, including director's fees, salary and stock options) that you receive in connection with this service.
  
6. Are you a trustee, director, officer, employee, advisor, consultant, or otherwise connected with an institution of higher learning other than the University? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list the names of such institutions and your relationship.
  
7. Did you or any member of your family receive during the last twelve months, any gifts from any source from which the University buys goods or services or with which the University has significant dealings? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe the nature, value and origin of the gift.

I certify that I have read and understand the University's conflict of interest policy and that the foregoing information is true and complete to the best of my knowledge. I agree that if there is a material change in any statement or information provided above, I will immediately notify the Office of General Counsel and complete an amended disclosure form.

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Name (please print)

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Signature

Date