



## *HLC Accreditation Evidence*

Title: Annual Conflict of Interest Form

Office of Origin: 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.

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2.

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3.

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

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Employee or Board of Trustees Member Signature

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Employee or Board Member Printed Name

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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).