

Financial Conflict-of-Interest Disclosure Form

PART II – Affirmation and Assessment

In submitting this form, I affirm that the above information is true, accurate and complete to the best of my knowledge; I accept full and personal responsibility for complying with the University policy on Financial Conflict of Interest and I assume full responsibility for updating this disclosure as necessary.

Signature: _____ Date: _____

If any of the answers to Part I were , the signature of your department Ch06 Tc a(t)-5((e)-8(r)-10(s)-3(o)-12(na)-8(.5c0 Td [