

LANGSTON UNIVERSITY  
PCARD CONFLICT OF INTEREST REPORTING FORM

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Name:

Department:

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The information you provide will be used only as required to report and manage conflicts of interest. Return this form directly to the appropriate departmental administrator.

1. Do you have an interest in an entity or activity that does business with Langston University?  
 Yes       No
  
2. Do you have a family member who has an interest in an entity or activity that does business with Langston University?  
 Yes       No
  
3. Do you have an interest in, or relationship with, any entity or activity that could reasonably appear to affect, or be affected by, the exercise of your University responsibilities?  
 Yes       No
  
4. Do you have a family member who has an interest in, or relationship with, any entity or activity that could reasonably appear to affect, or be affected by, the exercise of your University responsibilities?  
 Yes       No
  
5. Do you have any other interests, relationships, or activities that could affect decisions you may make on behalf of Langston University.  
 Yes       No
  
6. If you answered yes to any of the questions above, please fully explain the nature of your business interest, relationship, or activity. Include the type and name of businesses, percent of ownership, etc.

I understand I am required to make annual disclosure of financial interests which could reasonably appear to be a conflict of interest. I declare that I have used all reasonable diligence in preparing this disclosure statement, which to the best of my knowledge is true, accurate, and complete. I understand that I have a responsibility to update the above information throughout the coming year if my circumstances change.

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Signature

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Date