

Conflict of Interest Form

This form must be submitted by all vendors registering with Shawnee State University.

Is your company owned or managed by an employee of Shawnee State University?

- Yes. If checked, fill out the affiliation information, print name, and sign form.
- No. If checked, print name and sign form. By checking “no,” vendor is verifying that no conflict of interest exists, or will exist, as a result of vendor’s participation as a university vendor.

Officer Affiliated with or Employed by Shawnee State University

Title

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Title

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Title

Signature of Person Verifying Statement

Title

Printed Name of Person Verifying Statement

NOTE: The provisions of this form are based on state (Chapter 125 of the Ohio Revised Code) and federal regulations and requirements and the policies and practices of Shawnee State University.