STATE ETHICS COMMISSION

	Annual Col	lege and Universit	y Disclosure Fori	m
Date of Statemen	nt:			
Academic Year July 1,		through June 30,		
First Name:				
Last Name:				
Institution:				
Department:				
Position:				
Daytime Telepho	ne:			
Email Address:				
and any outside activinstitution's procedure which you did not reconstructions. Benefits Received	vity performed, while names, and on the forms of the ceive benefits while ac	not acting in a scholar required by the State cting in scholarly capa	y capacity, must stil Ethics Commission.	d related to your State position, I be reported pursuant to your Enter "N/A" in any category in red academic year.
Date Received	Type of Benefit	Amount	Source	Interested Party*
B. Honoraria, Aca	demic Prizes or O	ther Things of Valu	ıe	
Date Received	Type of Benefit	Amount	Source	Interested Party*
				1

*Indicate whether the source of the benefit is an interested party to your institution. "Interested party" means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.

C. Assigned Educational Texts or Materials				
1. Do you assign educational books or materials authored by you as a	course requirement?			
Yes No				
2. If answer to question 1 is yes, do you receive royalties from those e	ducational materials?			
Yes No				
3. If answer to question 2 is yes, did you donate those royalties?				
Yes No				
4. If answer to 3 is yes, where were the royalties donated?				
To the best of my knowledge and belief the information on this form is true and accurate.				
Signature of Employee	Date			
I have reviewed the information contained on this form.				
Department Head Signature	Date:			
Ethics Liaison Officer Signature	 Date:			