



Arizona State University Disclosure of Substantial Interest Form

This form is for current and future ASU employees to disclose potential conflict of interests. A conflict of interest is defined by Arizona statute as an employee, or an employee's relative, who has a **substantial interest** in any contract with, sale to, purchase from, service for, or decision by ASU.

The information provided on this form will be reviewed of the Office of General Counsel and may require follow up information to be provided. If you have questions concerning your status, this form, and/or the disclosure requirements please contact the Office of General Counsel at ogcmail@asu.edu for guidance.

ASU Employee Name: _____

ASU ID: _____

Department or Unit: _____

Dean or Vice President of Department or Unit: _____

Are you a current or future ASU employee?

No You do not need to complete this form.

See ACD 204–08, “Conflict of Interest” for further information regarding relatives of ASU employees, and have the ASU employee submit this form, as applicable.

Yes (select one of the following options)

I am not a researcher

Please refer to the following resources, then submit completed form to Office of General Counsel
[ACD 204–08, “Conflict of Interest”](#) [OGC Briefing Paper on Conflict of Interest](#)

I am a researcher, but my disclosure does not relate to my research

Please refer to the following resources, then submit completed form to Office of General Counsel
[ACD 204–08, “Conflict of Interest”](#) [OGC Briefing Paper on Conflict of Interest](#)

I am a researcher, and my disclosure relates to my research

Please refer to the Office of Research Integrity and Assurance for guidance.
[Office of Research and Integrity Assurance Information about Conflicts of Interest](#)
[RSP 206. “Objectivity in Research—Disclosure of Financial Interests and Management of Conflicts of Interest”](#)
[ACD 204–08, “Conflict of Interest”](#)

Please complete the following information for review by ASU's Office of General Counsel

I am disclosing a potential conflict of interest on behalf of:

Myself

A relative described in [ACD 204-08](#)

Relative's name: _____

Relationship to ASU employee: _____

Name of the entity subject to disclosure: _____

Tax ID (EIN) of entity: _____

Business entity type (i.e. sole proprietorship, partnership, limited partnership, limited liability corporation, corporation):

Is the business entity a nonprofit?

No

Yes

If the business is a nonprofit, does the employee or relative serve on the board or have any financial or pecuniary interest?

No

Yes

Nature of the individual's interest in the business entity: (select all applicable)

Holder or owner of stock or other ownership interest

_____ Percent of ownership interest, if known

Member of the board of directors or other governing board Officer

Employee

Consultant, supplier, etc.

Other

Please explain: _____

Office or position held by the individual with a substantial interest: _____

Is the individual with a substantial interest compensated for this position?

Yes

No

Describe the transaction or relationship the entity is entering into with the University:

Please include any current university contract, sale, purchase, service, transaction, relationship, or decision and any likely future university contract, sale, purchase, service, transaction, relationship or decision. Attach additional sheets if needed.

I understand that I must not participate in any ASU decision relating to this substantial interest and that "not participate" means that I must have no involvement in the decision making process and that I must not communicate with anyone about the decision. Further, I understand and acknowledge that agreements between ASU and the business entity identified above are subject to audit by ASU or the State of Arizona pursuant to A.R.S. § 35-214.

SIGNATURE OF EMPLOYEE: _____

DATE: _____

REVIEWED BY DEAN OF THE COLLEGE OR VICE PRESIDENT OF THE DEPARTMENT:

Signature: _____

Print Name: _____

Title: _____

Date: _____