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TENNESSEE BOARD OF REGENTS DISCLOSURE FORM

INSTRUCTIONS: This form must be used by members of the Tennessee Board of Regents to report all interests required to be disclosed under Tennessee Board of Regents Policy 1.02.03.30. Terms used are defined in the Policy. In paragraphs 4, 5, and 6 below, please specify which relationships or business affiliations could reasonably constitute a conflict of interest with the TBR system.

Annual disclosure statements must be completed and returned to the General Counsel either in December or no later than January 31.

The disclosure statement must be signed. Attach additional pages as necessary. Please type or print all information legibly.

1. Date of Disclosure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Board Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list all relationships or business affiliations where you are, or a member of your immediate family is, an officer, director, trustee, partner, employee or agent of such organization.

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1. Please list all relationships or business affiliations where you are, or a member of your immediate family is, the actual or beneficial owner of more than 4% of the voting stock or controlling interest in such organization.

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1. Please list all relationships or business affiliations where you have, or a member of your immediate family has, any direct or indirect dealings with such organization (other than those listed in #4 and #5 above) from which you knowingly materially benefit (i.e., through receipt directly or indirectly of cash or other property in excess of $4,000 per year exclusive of dividends or interest).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ADDITIONAL INFORMATION: List any additional information you wish to disclose.

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I certify that the information contained in this disclosure is true and that it is a complete and accurate report of all matters that I am required to disclose by TBR Policy 1.02.03.30.

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Signature Date

9/21 tlw