

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

DISCLOSURE FORM FOR TRUSTEES AND PRINCIPAL ADMINISTRATORS

Dear Trustee/Principal Administrator:

Please complete the following and return in the envelope provided.

1. Are you aware of any relationships with USNH between yourself or a member of your family as defined by the letter or spirit of this policy statement that may represent a conflict of interest?

_____Yes _____No

If yes, please list below and elaborate such relationships and the details of annual or potential financial benefit as you can best estimate them.

2. Did you or a member of your family receive, during the past 12 months, any gifts or loans from any source from which USNH buys goods or services or otherwise has significant business dealings?

_____Yes _____No

If yes, please list below such loans or gifts, their source, and their approximate value.

I certify that the foregoing information is true and complete to the best of my knowledge.

Printed name

Signature

Date