Financial Interests Disclosure Form

(Submitted pursuant to the requirements of the Drake University's Financial Conflict of Interest Policy on Sponsored Programs)

Name: _				
I am reporting on activities: ☐ for the year ☐ as an addendum to my most recent report				
□ Yes	□ No	1. Compensation (including travel expenses). Have you or a member of your Family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If yes, furnish information on an additional page.		
□ Yes	□No	2. Equity. Do you or a member of your family own stock or hold stock options with a publicly traded or privately-owned entity? If yes, furnish information on an additional page.		
□ Yes	□ No	3. Role. Do you or a member of your family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of Drake University? If yes, furnish information on an additional page.		
□ Yes	□No	4. Intellectual Property. Do you or a member of your family have rights to and/or receive royalties from intellectual property (including, patents copyrights and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by Drake University. If yes, furnish information on an additional page.		
have com or restric outside fi	ad and un apleted the tions impo inancial or	derstand Drake University's Financial Conflict of Interest Policy on Sponsored Programs and is report to the best of my knowledge. If required, I will comply with any conditions osed by Drake University to manage any real or perceived conflicts. Should my managerial interests, or those of my Family, change in a way that results in different he questions asked in this report, I agree to submit a revision.		
	(Date)	(Signature)		

□ Additio	nal page(s) are attach	ed.
Addition to	Financial Interests	Report of:
Reporting	for:	☐ Family Member Name: Relationship:
Name of E	External Entity:	
Address of	External Entity:	
Type of ex	ternal relationship: (check all that apply)
	Consultant Speaker Advisory Board or Equity Holdings Governing Board of Intellectual Propert	r Officer y Rights
Amount of	f compensation or fir	nancial interest in reporting period: \$
	id by entity:	
Comments	or explanatory infor	mation:

Upon completion please send this form to the Director of Sponsored Programs Administration and Research Compliance at <a href="https://linearch.com/

Approved 3/21/13, last revised 9/16/24