

**JACKSON STATE COMMUNITY COLLEGE  
DISCLOSURE FORM**

INSTRUCTIONS: This form must be used by Jackson State Community College faculty and staff to report all interests required to be disclosed under Tennessee Board of Regents Policy 1:02:03:10. 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.

Disclosures statements must be filed annually or as new reportable financial interests arise.

The disclosure statement must be signed and the signature attested to by a witness. Attach additional pages as necessary. Please type or print all information legibly.

1. Name of JSCC Faculty/Staff \_\_\_\_\_

2. Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

3. 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.

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

4. 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.

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

5. Please list all relationships or business affiliations where you have, or a member of your family has, any direct or indirect dealings with such organization (other than those listed in #3 and #4 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).

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

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7. Signature (must be attested to by a witness).

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 the TBR Policy 1:02:03:10.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, the undersigned, do hereby witness the above signature which was signed in my presence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date