

## College of Charleston Significant Financial Interests Disclosure Form

*Instructions: Complete a copy of this form for each entity and/or family member requiring the disclosure.  
Upload the completed PDF where prompted in the eForm.*

Disclosure Report for: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting for:

Self

Family Member: Name: \_\_\_\_\_

Relationship: Spouse Dependent

Name of External Entity: \_\_\_\_\_

Address of External Entity: \_\_\_\_\_

Type of external relationship with this entity (check all that apply):

- Consultant
- Speaker
- Advisory Board or Committee Member
- Equity Holdings
- Governing Board or Officer
- Intellectual Property Rights
- Royalty Income
- Other, describe:

Total amount of compensation or financial interest in reporting period (year proceeding current date):

\$ \_\_\_\_\_

For travel paid by the entity:

Destination: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Comments or other explanatory information: