

**Policy Series 200 – Board of Directors
Specific Duties of the Board**



**Policy 202.7-E
Board of Directors Conflict of Interest Disclosure Form**

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

Name of conflicting or financial interest (individual or company, etc.):

Reason for potential conflict (e.g. family relationship, financial relationship, etc.):

All facts pertinent to the conflicting or financial interest:

_____ I have no conflict of interest to disclose.

_____ I hereby certify that I have read and understand [Policy 202.7 Board of Directors Conflict of Interest](#), which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of [Policy 202.7 Board of Directors Conflict of Interest](#).

Board Member's Signature: _____ **Date:** _____

Printed Name: _____ **Fiscal Year:** _____

Complete additional forms for multiple conflicts/financial interests, as needed.

Please return this form to:
LMCSD School Board Secretary/Treasurer
3556 Winslow Road, Marion, IA 52302

Adopted: 1/22
Revised: 10/22; 9/24
Related Policy: 202.7
IASB Reference: 203