

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



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

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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.):**

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

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**All facts pertinent to the conflicting or financial interest:**

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\_\_\_\_\_ 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