

**PLEASE COMPLETE, SIGN, AND RETURN TO THE UNIVERSITY  
OF ALABAMA, TUSCALOOSA, AL 35487**

**DISCLOSURE STATEMENT OF  
RELATIONSHIP BETWEEN CONTRACTORS/GRANTEES AND  
EMPLOYEES/OFFICIALS OF THE UNIVERSITY OF ALABAMA  
("THE UNIVERSITY")**

1. Contract/Purchase Order No. \_\_\_\_\_
  
2. Name of Contractor/Grantee \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_
  
3. Nature of Contract/Grant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Does the contractor/grantee have any relationship with any employee or official of the University, or a family member of such employee or official, that will enable such employee or official, or his/her family member, to benefit from this contract/grant? If so, please state the names, relationships, and nature of the benefit.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For employees of the University, family members include spouse and dependents. For members of the Board of Trustees (officials), family members include spouse, dependants, adult children and their spouses, parents, in-laws, siblings, and their spouses.)

This Disclosure Form will be available for public inspection upon request.

The above information is true and accurate, to the best of my knowledge.

\_\_\_\_\_  
Signature of Authorized Agent of  
Contractor/Grantee

Date \_\_\_\_\_

Return form to: The University of Alabama, Purchasing Department, Box 870130, Tuscaloosa, AL 35487-0130.