



MIKE KRAUSE  
Executive Director

BILL HASLAM  
GOVERNOR

STATE OF TENNESSEE  
**TENNESSEE STUDENT ASSISTANCE CORPORATION**  
PARKWAY TOWERS, SUITE 1510  
NASHVILLE, TENNESSEE 37243-0820  
(615) 741-1346  
FAX: (615) 741-6101

**TSAC BOARD OF DIRECTORS  
DISCLOSURE STATEMENT  
2017-2018**

I, the undersigned member of the Board of Directors for the Tennessee Student Assistance Corporation, in order to assure that any appearance of conflict of interest is avoided, hereby make the following statements and assurances:

1. I, my spouse or dependents are currently the recipient(s) of the following financial aid programs administered by the Tennessee Student Assistance Corporation or have the following loans, currently outstanding, guaranteed by the Tennessee Student Assistance Corporation:

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2. I, my spouse or dependents are related, by blood or marriage, to the following employees of the Tennessee Student Assistance Corporation or any official of any corporation, partnership, sole proprietorship, association, institution of higher education or any other entity which does business with the Tennessee Student Assistance Corporation:

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3. I, my spouse or dependents are, or have been, employed or professionally affiliated with the following corporations, partnerships, sole proprietorships, associations, institutions of higher education or any other entities which do business with the Tennessee Student Assistance Corporation:

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4. I, my spouse or dependents have an ownership interest in the following corporations, partnerships, sole proprietorships, associations, institutions of higher education or other entities which do business with the Tennessee Student Assistance Corporation:

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5. I, my spouse or dependents are related, by blood or marriage, to the following individuals who have an ownership interest as stated in Number 4 above:

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6. I, my spouse or dependents have the following additional potential conflicts of interest other than those previously listed:

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7. I hereby certify that if, during my tenure on the Board of Directors of the Tennessee Student Assistance Corporation, I, my spouse or dependents become an owner, relative, employee or affiliate as described in Numbers 1-6 above, I shall immediately disclose such information to the Board of Directors of the Tennessee Student Assistance Corporation.

By my signature below, I affirm that all of the above statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date