



## EDA COLLEGE

### Student-Staff Relationship Disclosure Form

#### Section 1: Staff Information

Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Information: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section 2: Student Information (if applicable)

Full Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Program/Class: \_\_\_\_\_

#### Section 3: Nature of Relationship

Please describe the relationship (check all that apply):

- Familial (e.g., parent, sibling)
- Romantic/Dating
- Close Personal Friendship (outside professional bounds)
- Financial (e.g., business partnership, tutoring for pay)
- Other (specify): \_\_\_\_\_

#### Section 4: Declaration

I, \_\_\_\_\_, acknowledge that:

1. I have read and understand the institution's policy on student-staff relationships (Disciplinary, Harassment, Sexual Harassment and Bullying Policy).
2. This disclosure is made to avoid conflicts of interest and ensure compliance with institutional guidelines.
3. I will recuse myself from any academic or professional decisions involving the named student (if applicable).

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_

#### Section 5: Administrative Use Only

Received by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: ☐ No conflict | ☐ Recusal recommended | ☐ Further review needed

Comments: \_\_\_\_\_