



**ATHENS STATE UNIVERSITY  
FAMILY RELATIONSHIP DISCLOSURE FORM**

*This form must be completed and returned to the Human Resources Office.*

Employee's Name: \_\_\_\_\_

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

Employment Date: \_\_\_\_\_

**For the purposes of this disclosure, relative includes the following: spouse, child, parent, sibling, grandparent, grandchild, aunt, uncle, first cousin, corresponding in-laws, step-relations, foster-relations or any member of the employee's household.**

**Are you a relative of any employee of Athens State University or any member of the Athens State University Board of Trustees?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, list the name(s), relationship, and employer/position of relative(s).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I affirm that all information contained herein is correct to the best of my knowledge.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Employee