

UNIVERSITY OF MISSOURI BOARD OF CURATORS'
CONFLICT OF INTEREST DISCLOSURE FORM
Revised 08/29/06

Time period covered:

Due date:

Name: _____

Spouse's Name: _____

Dependent Child or Children's Names:

(use additional sheet if necessary)

Name(s) of any businesses in which you, your spouse or your dependent child or children are associated. Identify business and the individual or individuals with such association:

(use additional sheet if necessary)

