UNIVERSITY OF MISSOURI BOARD OF CURATORS’
INITIAL FAMILY DISCLOSURE FORM
Revised 08/09/12

Due date: (Within 30 days after being sworn in as a member of the Board)

Definitions: When used in this form, the term “spouse” shall mean any current spouse, regardless of residence or degree of support by you. The terms “parents,” “siblings” and “children” shall mean any and all parents, stepparents, foster parents, siblings, stepsiblings, foster siblings, children, stepchildren and foster children residing in your household or who receive in excess of fifty percent (50%) of their support from you.

Name: ____________________________________________________________

Spouse’s Name: ____________________________________________________

Parents’ Names: ____________________________________________________

__________________________________________________________________

Siblings’ Names: ____________________________________________________

__________________________________________________________________

__________________________________________________________________

Children’s Name: ____________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

(use additional sheet if necessary)

Name of your employer and the name of the employers of your spouse, parents, siblings and children, as applicable. Identify:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

((use additional sheet if necessary)
Name(s) of any businesses in which you, your spouse, your parents, your siblings or your children have an ownership interest in excess of ten percent. Identify business and the individual or individuals with such ownership interest:

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(use additional sheet if necessary)

_______________________________  
Curator

_______________________________  
Date

This report shall be available for public review.