



Restricted Party Screening Request

AgriLife Research AgriLife Extension TVMDL

Requestor (Name and Unit) *Date*

Request to screen: Party Entity Both

Screened Persons (full/all names):

Last Name *First Name* *Middle Name*

Country (Citizenship)

Screened Entity (i.e., company name, bank name, university name, etc.):

Name

Country

Reason for Screening (full description to include associated PO, wire transfer, visitors, sponsored project number, etc.):

Accounts Receivables Other (please explain) _____

Screened by (AgriLife Risk and Compliance Use Only)

Last Name *First Name* *Date (MM/DD/YYYY)*

Results:

- No results returned
- Match – found to be a false positive; requires description of how this hit was determined to be a false positive and (2) secondary unit screener signature/date
- Match – found to be positive; requires secondary screener signature/date.

Reason for determination of false positive (if applicable):

Secondary Screener *Secondary Screener Signature*

Unit Notification

Attach Restricted Party Screening Results Page