

Restricted Party Screening Request
☐ AgriLife Research ☐ AgriLife Extension ☐ TVMDL

Requestor (Name and Unit) _____

Date _____

Request to screen: ☐ Party ☐ Entity**Screened Persons (full/all names):**

_____	_____
Name	Country (Citizenship)
_____	_____
Name	Country (Citizenship)
_____	_____
Name	Country (Citizenship)
_____	_____
Name	Country (Citizenship)

For additional screened person requests, please provide additional names in a separate document (spreadsheet, word document, etc.)

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

Name _____

Address _____

Country _____

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

<input type="checkbox"/> Accounts Receivables	<input type="checkbox"/> Co-Author of Publication	<input type="checkbox"/> Sponsored Research Project	_____
			Project Number
<input type="checkbox"/> Exempt Visitor	<input type="checkbox"/> Foreign Collaborator	<input type="checkbox"/> Other (Please explain)	_____

Screened by (AgriLife Ethics and Compliance Use Only)

Date of Screening: _____

☐ Yes ☐ No Passed denied person/entity/embargoes list☐ Yes ☐ No Restrictions (If yes, explain)

Name _____

Signature _____

Date _____

Secondary Screener _____

Secondary Screener Signature _____

Attach Restricted Party Screening Results Page