

Texas A&M University Texarkana
Restricted Party Screening Request



Name of Requestor:

Date:

Department / Title:

Request to Screen: Party Entity Both

Screened Person (full/all names):

Last Name

First Name

Middle Name

Other Names Listed

Country/Citizenship

Address

City/State/Country

Screened Entity (company name, bank name, university name, etc):

Names

Country

Address

City/State

Reason for screening (full description):

EXPORT CONTROL OFFICE USE ONLY

Screener Name

Screener Signature

Date (MM/DD/YY)

Results:

No results returned

Match – found to be a false positive: requires description of how this was determined and secondary screener signature/date

Match - found to be positive requires secondary screener signature/date

Reason for Determination of False Positive (if applicable):

Secondary Screener Name

Secondary Screener Signature

Date (MM/DD/YY)

Attach Restricted Party Screening Results Page, return copy to Requestor, file copy in Export Control Office