Restricted Party Screening Request

Requestor:	Department:	Date:	
Request to Screen (check pers	son, entity or both):		
Screened Persons (full/all	names):		
Last Name	First Name	Middle Name	
Country (Citizenship)	_		
Screened Entity (i.e., orga	nization, company, l	bank, university name, etc.):	
	Name		
Country			
Item (Software, Hardware etc)			
	Name	of Item	
Manufacturer's Number			
Reason for screening (full descri		PO, wire transfers, sponsored project number, etc.): ase explain)	
For use by University	Export Controls Emp	oowered Official (Director of Graduate Studie	es)only
Results:	. 4		
No Matching Records Fou	na		
Match – found to be posit	ive; secondary scree	ener signature/date required.	
	• • •	escription of how this hit was determined to ener signatures/date required. Reason for de	etermination
Primary Screener Name (prin	 	Primary Screener Signature & Date	
	~,	i mary server signature & pate	
Secondary Screener Name (p	rint)	Secondary Screener Signature & Date	
Unit Notification	Attach Restricted	Party Screening Results Page	
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