



Restricted Party Screening (RPS) Request Form

Requestor:

Name _____
Date (MM/DD/YYYY)

Department/College

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

Name *Country*

Address *City/State/Country*

Reason for screening (full description):

OFFICE USE ONLY (Visual Compliance/Export Control Delegates)

Screener Name *Screener Signature* *Date (MM/DD/YYYY)*

Results:

- No results returned
- Match – found to be a **False Positive** requires: (1) a description of how this was determined to be a false positive and (2) 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/YYYY)*

Attach Restricted Party Screening Results Page