

Buffalo State / Research Foundation

Export Controls

Foreign Travel Disclosure Form

Traveler's Legal Name:	Email:
Department:	Phone Number:
In accordance with the Research Foundation's Foreign Travel Policy and the Federal Export Control requirements, this form is required each time you will be traveling outside of the United States; and /or when transporting items, software, data, or technology outside of the United States or to a foreign person in the U.S.; or when working with foreign persons, educational institutions, or businesses. Please complete and submit this form a minimum of two weeks prior to all International Travel or (preferably) as soon as you know that you will be traveling outside of the U.S. If it is determined that a license is required, it may take up to two (2) months to secure.	
Business Purpose of the Travel; include Country(ies) and City(ies):	
Dates of Travel: Yo	ou are a citizen of what country:
Will you be working with foreign persons, faculty, students, educational institutions, or businesses while traveling for your project? Yes No If yes, please list the name(s) and institutional affiliation(s) of the foreign persons with whom you will be working.	
Will you be transporting any encrypted software, technology, items, or d If yes, please describe them below.	lata to a foreign country? Yes No
Will you be transporting any equipment to a foreign country? Yes No If yes, please list the equipment (i.e. laptop computer, cell phone, GPS). You are required to have the ECCN code for the equipment and/or its parts. Please include that information (available from the manufacturer) below.	
Have you received information regarding International Medical insurance	e? Yes No
Will any dependents be traveling with you? Yes N If yes, please list their full legal name and citizenship.	о
Cell Phone Number used when travelling:	Cell Phone Carrier:
**************************************	oundation Office, Buckham Hall B206. If it is determined ager/Export Control Officer will work with you to further gulations. Travel to countries on the Federal Watch List
Funding Source / Account Number (Buffalo State or Research Foundation):	
Traveler's Signature:	Date:
Name / Signature:	Date: