

The Research Foundation for SUNY/Buffalo State

Export Controls

Foreign Travel Disclosure Form

Traveler's Legal Name:	Email:
Department:	Phone Number:
In accordance with the Research Foundation's Foreign Travel Policy (see page 31) 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:	You are a citizen of what country:
Will you be working with foreign persons, faculty, students, education Yes No If yes, please list the name(s) and institutional affiliation(s)	
Will you be transporting any encrypted software, technology, items, If yes, please describe them below.	, or data to a foreign country? Yes No
Will you be transporting any equipment to a foreign country? If yes, please list the equipment (i.e. laptop computer, cell equipment and/or its parts. Please include that information	Yes No phone, GPS). You are required to have the ECCN code for the n (available from the manufacturer) below.
Have you received information regarding International Medical ins	surance? Yes No
Will any dependents be traveling with you? Yes	No
If yes, please list their full legal name and citizenship.	
Cell Phone Number used when traveling:	Cell Phone Carrier:
**************************************	d Programs, Buckham Hall B206. If it is determined that you work with you to further investigate your compliance ntries on the Federal Watch List require prior approval by the
Funding Source / Account Number	
Traveler's Signature:	Date:
Name / Signature:(Approval from Research Foundation PI)	Date: