**U.S. EXPORT CONTROLS**

Foreign Travel Disclosure Form | For Use by Academic Affairs Faculty and Staff

**This form is required** each time you plan to travel outside of the United States; transport items, software, data, technology outside of the United States or to a foreign person in the U.S; or work with foreign persons, educational institutions, or businesses, in accordance with [**Federal Export Control requirements**](http://www.rfsuny.org/Our-Work/Sponsored-Programs-Administration/Sponsored-Programs-and-Research-Compliance/Export-Controls-/). Travel to countries on the [**Federal Watch List**](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) require prior approval by the Campus President and Operations Manager.

You must complete and submit this form **a minimum of two weeks prior** to all international travel/project OR as soon as you know that a license may be required as it can take up to two months to secure a license.

Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Country of Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countries you will be traveling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone while traveling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞄Will you be working with foreign persons, faculty, students, educational institutions, or businesses while traveling: 🞏**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/data to a foreign country? 🞏**Yes** 🞏**No**  
***If Yes,*** please describe the encrypted software/technology/items/data:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞄Will you be transporting any equipment to a foreign country: 🞏**Yes** 🞏**No**  
***If yes,*** please list the equipment (i.e., laptop computer, tablet, cell phone, GPS unit, etc.). You must have the ECCN code for the equipment and/or its parts. An Export Control Classification Number (ECCN) is a five-character alphanumeric key used in the Commerce Control List (CCL) to classify U.S. exports. Include that information, which is available from the manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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🞄Have you received information regarding International Medical Insurance? 🞏**Yes** 🞏**No**  
***If not,*** please contact the Center for Global Engagement, South Wing 410, (716) 878-5331.

🞄Will any dependents be traveling with you? 🞏**Yes** 🞏**No**  
***If yes,*** please list their full legal name(s) and their citizenship(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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🞄Sign and date this form then submit it with your travel authorization paperwork to your dean’s office. Contact Dr. Amitra Wall, associate provost, with any questions. If it is determined that you may need an export controls license, Dr. Wall will work with you to further research your compliance with applicable federal regulations. Note: Academic Affairs reserves the right to delay or not reimburse travel expenses if this process is not followed.

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| Traveler’s Signature: | Date: | 🡪 Forward to Academic Dean |
| Academic Dean’s Review/Signature: | Date: | 🡪 Forward to Export Controls Officer |
| Export Controls Officer Review/Signature: | Export License Required: 🞏 Yes 🞏 No  Date: | 🡪 Forward to Provost |
| 🞏 If Required, Export License is Obtained  Attach copy of license, or list license  No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Provost’s Approval/ Signature:  Date: | 🡪 Return approval to Traveler. ◼Copies to Academic Affairs, Academic Dean |